Admission for Academic Exchange Students

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Attachments

1. Application Deadline

Prospective exchange students should submit their applications to the Centre for International Affairs at NTSU during the period of February 1st to May 20th or September 1st to November 20th.

The application deadline for the fall semester is by May 20th and for the spring semester is by November 20th. Incomplete application documents or documents received past due date (May 20th or November 20th) will be rejected.

2. Mailing Address

Please send your application package to the following address:

Centre for International Affairs
Office of Research and Development
National Taiwan Sport University
250 Wenhua 1st Rd., Gueishan Township, Taoyuan County, 333
Taiwan, Republic of China.

3. Applicant Eligibility

Prospective exchange students must be current students of their home university. Applicant's home university needs to provide a certificate of enrollment

Student selection criteria are based on the Agreement of Academic Exchange Program signed by both parties.

A highest-degree diploma and a certificate of health examination must be verified by ROC embassies, consulate or missions abroad.

4. Required Documents

（1）Application checklist. See attachment 1.
（2）Two completed application forms with two recent passport-size photos. See attachment 2.
（3）Verification of nationality or a photocopy of passport.
（4）A photocopy of the applicant's student identification card or a certificate of enrollment issued by the university with sealed official stamps.
（5）An official English transcript verified by the applicant's home university.
（6）Two recommendation letters from university professors or other related institutions and organizations.
（7）A health examination certificate conducted within three months before the application date, which must include a Chest X-ray exam and HIV test.

Applicants must include a health examination certificate in their application package. See attachment 3.

（8）Applicants need to submit an approximately 500-word Statement of Purpose in English. This Statement of Purpose must indicate applicant's motivation for studying in Taiwan and at NTSU. See attachment 4

5. Notifications

Exchange students must arrive at NTSU prior to the beginning of the enrolled semester.

Unless specified in the Agreement of Exchange Student Program between two universities, exchange students are expected to pay housing and all expenses related to their study. The NTSU will not be responsible for the cost of students' accommodation, travel or personal expenses including books and insurance, etc.

Exchange students may study either for credits or for enrichment. Those seeking university credits for their coursework shall be required to meet certain eligibility criteria as defined by the university where they study at. Exchange students are responsible for obtaining a list of approved courses from their home university prior to registration. The Centre for International Affairs will assist them with administrative works.

6. Enrollment Quota

The number of accepted exchange students is based on the agreement of exchange student program.

7. Length of Study

The length of study for each exchange student is based on the agreement of academic exchange program between two universities.

8. Participated Departments and Graduate Institutes

National Taiwan Sport University	Degree		
	Bachelor	Master	Ph. D.
College of Physical Education			
Graduate Institute of Physical Education		V	V
Department and Graduate Institute of Sport Promotion	V	V	
Department and Graduate Institute of Adapted Physical Education	V	V	
College of Athletics			
Graduate Institute of Athletics and Coaching Science		V	V
Dept. of Sports Training Science-Athletics	V		
Dept. of Sports Training Science-Balls	V		
Dept. of Sports Training Science-Combats	V		
College of Exercise and Health Science			
Graduate Institute of Sports Science		V	
Department and Graduate Institute of Athletic Training and Health	V	V	
College of Management			
Graduate Institute of International Sports Affairs (GIISA)		V	
Dept. of Recreation and Leisure Industry Management and Graduate Institute of Recreation and Leisure Industry Management	V	V	

9. Admission Announcement

The result will be announced in December and June on the Centre for International Affairs website at http://iec.ntsu.edu.tw/front/bin/home.phtml. Admission letters will also be mailed to the schools of accepted students.

10. Registration

Accepted exchange students will need to register on the appointed date. They need to prepare two recent passport-size photos for enrollment and student ID.

Miscellaneous expenses per semester are estimated below:

(Fees are subject to change annually)

Item	Expenses (NT dollars)
Housing Fee/ semester (Excluding summer vacation housing)	$5,350 - $8,920 Depending on the room allocated by the Office of Student Affairs
Electricity bill	By unit

11. Related Websites

NTSU http://www.ntsu.edu.tw

Centre for International Affairs http://iec.ntsu.edu.tw/front/bin/home.phtml

Attachment 1

Application checklist for academic exchange students, National Taiwan Sport University

Exchange Department or institution: _____

Name: _____

Telephone Number: _____

E-mail: _____

Required documents (Mark each item when you submit and place the documents in order)

- ☐ **1** Two completed application forms with recent passport-size photos.
- ☐ **2** Verification of nationality or a photocopy of passport
- ☐ **3** A photocopy of the applicant's highest education degree diploma (please attach its Chinese or English translation version certified by official stamp/ seal from a university or college)
- ☐ **4** A photocopy of the applicant's student identification card or a certificate of enrollment issued by the university with sealed official stamp
- ☐ **5** Two recommendation letters. (One letter must be written by a professor from a Chinese language department or related institutions/ organizations certifying the applicant's Chinese comprehension capability.)
- ☐ **6** A health examination certificate conducted within the last three months before the application date which must include a Chest X-ray exam and HIV test. It must be verified by ROC embassies, consulate or mission abroad.
- ☐ **7** A 500-word Statement of Purpose in English. It must include student's motivation for studying in Taiwan and at NTSU.

All application documents will not be returned. Please duplicate the original copy if needed.

Attachment 2

NTSU Exchange Student Application Form

Fill out two copies of the application form

Name (Chinese)		(English)	（First ） （Middle） （Last）		
Home address		phone number			
Mailing address		e-mail			
Place of birth		Date of birth	（month ） （day ） （year）		
Nationality		Gender	☐ Male ☐ Female	☐ Married ☐ Single	

	Name	Address	Occupation
Father			
Mother			

Name and address of legal guardian	
Home university	
Major	
Year	☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate student
Which department or graduate institute do you intend to enter?	
Expected date of enrollment	_____（year） _____（month）

How long have you studied Chinese?		Under which organization?	

How do you rate your knowledge of Chinese?	listening	☐Good	☐Average	☐Poor	☐Not at all
	speaking	☐Good	☐Average	☐Poor	☐Not at all
	reading	☐Good	☐Average	☐Poor	☐Not at all
	writing	☐Good	☐Average	☐Poor	☐Not at all

Applicant’s signature		Date of application	

初審 複審

承辦人： 單位主管： 承辦人： 單位主管：

Attachment 3

醫院標誌

Hospital's Logo

健康檢查證明應檢查項目表（乙表）

（國名、醫院名稱、地址、電話、傳真機）

ITEMS REQUIRED FOR HEALTH CERTIFICATE （Type B）

（National Name, Hospital's Name, Address, Tel, FAX）

檢查日期 ____/____/____
（年）（月）（日）
____/____/____
（M）（D）（Y）
Date of Examination

基 本 資 料 （BASIC DATA)

姓 名 Name ：_____　　性 別 Sex ：□男 Male □女 Female

身份證字號 ID No. ：_____　　護照號碼 Passport No. ：_____

出生年月日 Date of Birth ：___ / ___ / ___　　國籍 Nationality ：_____

照片 Photo

實 驗 室 檢 查(LABORATORY EXAMINATIONS)

A.HIV 抗體檢查（Serological Test for HIV Antibody）：□陽性（Positive） □陰性（Negative）
□未確定（Indeterminate）

ａ.篩檢（Screening Test）： □EIA □Serodia □其他（Others）_____

ｂ.確認（Confirmatory Test）：□Western Blot □其他（Others）_____

B.胸部 X 光檢查肺結核（Chest Ｘ-Ray for Tuberculosis）：（妊娠孕婦可免接受「胸部 X 光檢查」）

□正常（Normal） □異常 (Abnormal) _____**※限大片攝影（Standard Film Only）**

C.腸內寄生蟲（含痢疾阿米巴等原蟲）糞便檢查（採用離心濃縮法檢查）(Stool examination for parasites includes *Entameba histolytica* etc.）(centrifugal concentration method)：

□陽性，種名(Positive, Species) _____ □陰性（Negative）

D.梅毒血清檢查（Serological Test for Syphilis）：□陽性（Positive）□陰性（Negative）

ａ.□RPR ｂ.□VDRL ｃ.□TPHA/TPPA ｄ.□其它（Other）

E.麻疹及德國麻疹之抗體陽性檢驗報告或預防接種證明（proof of positive measles and rubella antibody titers or measles and rubella vaccination certificates）：

a.抗體檢查（Antibody test） 麻疹抗體 measles antibody titers □陽性 Positive □陰性 Negative

德國麻疹抗體 rubella antibody titers □陽性 Positive □陰性 Negative

b.預防接種證明 Vaccination Certificates

□麻疹預防接種證明 Vaccination Certificates of Measles

□德國麻疹預防接種證明 Vaccination Certificates of Rubella

c. □經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination)

漢 生 病 檢 查（Check-up for Hansen's Disease）

漢生病視診結果(Skin Check-up)□正常 Normal □異常 Abnormal（※視診異常者，須進一步採檢確認）

（※If abnormal skin lesion is found, further skin biopsy or skin smear is required）

ａ.病理切片(Skin Biopsy)：□陽性（多菌、少菌性【Positive - MB,PB】；診斷依據：兩者之一即為陽性【Diagnostic if either of them positive】） □陰性（Negative）

ｂ.皮膚抹片(Skin Smear)：□陽性 (Finding bacilli in affected skin smears) □陰性（Negative）

※ 皮膚病灶合併感覺喪失或神經腫大(Skin lesions combined with sensory loss or enlargement of peripheral nerves)

□有（Yes） □無（No）

備註：

一、本表供外籍人士等申請在台灣定居或居留時使用。This form is for **residence application.**

二、兒童 6 歲以下免辦理健康檢查，但須檢具預防接種證明備查(年滿 1 歲以上者，至少接種 1 劑麻疹、德國麻疹疫苗)。A child under 6 years old is not necessary to have laboratory examination, but the certificate of vaccination is necessary. Child age one and above should get at least one dose of measles and rubella vaccines.

三、妊娠孕婦及兒童 12 歲以下免接受「胸部Ｘ光檢查」。A pregnant woman or a child under 12 years old is not necessary to have chest X-ray examination.

四、兒童 15 歲以下免接受「HIV 抗體檢查」及「梅毒血清檢查」。 A child under 15years old is not necessary to have Serological Test for HIV or Syphilis.

五、根據以上對_____先生/女士/小姐之檢查結果為□合格 □不合格。

Above the medical report of Mr./Mrs./Ms. _____ , He/She □passes □fails the checkup.

負 責 醫 檢 師 簽 章 ：_____（Name & Signature）

(Chief Medical Technologist) _____

負 責 醫 師 簽 章 : _____ （Name & Signature）
(Chief Physician)

醫 院 負 責 人 簽 章 : _____ （Name & Signature）
(Superintendent)

日期（Date）：_____/_____/_____ **本證明三個月內有效（Valid for Three Months）**

附錄：健康檢查證明不合格之認定原則

檢查項目	不合格之認定原則
人類免疫缺乏病毒抗體檢查	一、人類免疫缺乏病毒抗體檢驗經初步測試，連續二次呈陽性反應者，應以西方墨點法(WB)作確 認試驗。 二、連續二次(採血時間需間隔三個月)西方墨點法結果皆為未確定者，視為合格。
胸部X光檢查	一、活動性肺結核(包括結核性肋膜炎)視為「不合格」。 二、非活動性肺結核視為「合格」，包括下列診斷情形：纖維化(鈣化)肺結核、纖維化(鈣化)病灶及肋膜增厚。
腸內寄生蟲糞便檢查	一、 經顯微鏡檢查結果為腸道蠕蟲蟲卵或其他原蟲類如：痢疾阿米巴原蟲（*Entamoeba histolytica*）、鞭毛原蟲類，纖毛原蟲類及孢子蟲類者為不合格。 二、 經顯微鏡檢查結果為人芽囊原蟲及阿米巴原蟲類，如：哈氏阿米巴（*Entamoeba hartmanni*）、大腸阿米巴（*Entamoeba coli*）、微小阿米巴（*Endolimax nana*）、嗜碘阿米巴（*Iodamoeba butschlii*）、雙核阿米巴（*Dientamoeba fragilis*）等，可不予治療，視為「合格」。 **三、 妊娠孕婦如為寄生蟲檢查陽性者，視為合格；請於分娩後，進行治療。**
梅毒血清檢查	一、以 RPR 或 VDRL 其中一種加上 TPHA(TPPA)之檢驗，如檢驗結果有下列情形任一者，為「不合格」: （一）活性梅毒：同時符合條件（一）及（二）、或僅符合條件（三）者。 （二）非活性梅毒：僅符合條件（二）者。 二、條件： （一）臨床症狀出現硬下疳或全身性梅毒紅疹等臨床症狀。 （二）未曾接受梅毒治療或病史不清楚者，RPR(+)或 VDRL(+)，且 TPHA (TPPA)=1：320 以上（含 320）。 （三）曾經接受梅毒治療者，VDRL 價數上升四倍。 **三、梅毒血清檢查陽性者，檢具治療證明，視為合格。**
麻疹、德國麻疹	麻疹、德國麻疹抗體陰性且未檢具麻疹、德國麻疹預防接種證明者為不合格。但經醫師評估有麻疹、德國麻疹疫苗接種禁忌者，視為合格。

Appendix: Principles in determining the health status failed

Test Item	Principles on the determination of failed items
Serological Test for HIV Antibody	1. If the preliminary testing of the serological test for HIV antibody is positive for two consecutive times, confirmation testing by WB is required. 2. When findings of two consecutive WB testing (blood specimens collected at an interval of three months) are indeterminate, this item is considered qualified.
Chest X-ray	1. Active pulmonary tuberculosis (including tuberculous pleurisy) is unqualified. 2. Non-active pulmonary tuberculosis including calcified pulmonary tuberculosis, calcified foci and enlargement of pleura, is considered qualified.
Stool Examination for Parasites	1. By microscope examination, cases are determined unqualified if intestinal helminthes eggs or other protozoa such as *Entamoeba histolytica*, flagellates, ciliates and sporozoans are detected. 2. *Blastocystis hominis* and Amoeba protozoa such as *Entamoeba hartmanni, Entaboeba coli, Endolimax nana, Iodamoeba butschlii, Dientamoeba fragilis* found through microscope examination are considered qualified and no treatment is required. 3. **Pregnant women who have positive result for parasites examination are considered qualified and please have medical treatment after delivery.**
Serological Test for Syphilis	1. After testing by either RPR or VDRL together with TPHA(TPPA), if cases meet one of the following situations are considered failing the examination. (1)Active syphilis: must fit the criterion (1) + (2) or only the criterion (3). (2)Inactive syphilis: only fit the criterion (2). 2. Criterion: (1)Clinical symptoms with genital ulcers (chancres) or syphilis rash all over the body. (2)No past diagnosis of syphilis, a reactive nontreponemal test (i.e., VDRL or RPR), and TPHA(TPPA)＝1：320↑(including 1：320) (3)A past history of syphilis therapy and a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer. 3. **Those that have positive results for serological test for syphilis submitting medical treatment certificate are considered qualified.**
Measles, Rubella	The item is considered unqualified if measles or rubella antibody is negative and no measles, rubella vaccination certificate is provided. Those who having contraindications, not suitable for vaccinations are considered qualified.

Attachment 4

Statement of Purpose