

# 長榮大學國際交換學生申請入學資料

Application for International Exchange Students, Chang Jung Christian University



## 入學重要期程 Important Schedule for Application

行程 Event	日期 Date	備註 Note
申請截止日 Application Deadline	<b>30<sup>th</sup> May, 2022</b>	請務必於 <b>2022年5月30日前</b> 繳交申請資料至長榮大學 Please provide all of the application required documents to CJCUC by <b>30<sup>th</sup> May, 2022.</b>
建議抵達日期 Arrival Date	29 <sup>th</sup> & 30 <sup>th</sup> August, 2022	<b>日期可能因為防疫因素有所調整。</b> <b>The date might be adjusted due to the epidemic prevention.</b>
說明會 Orientation 選課 Course Choosing 註冊 Registration 華語測驗 Chinese Proficiency Test	31 <sup>st</sup> August & 1 <sup>st</sup> September, 2022	活動可能因為防疫因素有所調整。 The activities might be adjusted or even cancelled due to the epidemic prevention.
台南文化參訪 Tainan Culture Tour	2 <sup>nd</sup> September, 2022	
學期開始 Semester Start	5 <sup>th</sup> September, 2022	<b>日期可能因為防疫因素有所調整。</b> <b>The date might be adjusted due to the epidemic prevention.</b>
學期結束 Semester End	13 <sup>th</sup> January, 2023	

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# 國際交換生申請文件檢核表

## Checklist for International Exchange Program

申請人姓名 Name of Applicant : \_\_\_\_\_ 原就讀學校 Home Institution : \_\_\_\_\_

申請入學應備文件 Required Documents for Application		
<b>Check</b>	<b>No.</b>	<b>基本文件 Essential documents</b>
	1	國際交換生申請表 Application for International Exchange Programs
	2	薦送學校用印之提名證明書 Nomination Certificate stamped by sending university
	3	自傳與讀書計畫 Autobiography and Plan of Study
	4	照片掃描檔(JPEG)One identical photo scanned copy(JPEG)
	5	歷年成績單 Copy of Transcript for All Semesters
	6	有效護照或身分證件 Copy of a valid passport or identity document
<b>Check</b>	<b>No.</b>	<b>入境申請必要文件 Required supporting documents</b>
	7	財力證明 (正本), 至少 <b>NT\$100,000</b> (若財力證明是由父母支付在學期間之相關費用, 請提供親屬關係證明) Original Copy of Financial Support issued by bank (e.g. bank deposit) showing minimum available funds of <b>NT\$ 100,000</b> . (If the account owner is applicant's parents, please provide proof of kinship.)
	8	健康保險證明 (包含醫療保險及意外保險, 其保險期間須涵蓋就讀期間) 若未提供此項文件, 請於抵達本校後, 加入外國學生傷病醫療保險, 費用為每個月新台幣500元 Proof of health insurance. (both <u>medical</u> and <u>accident</u> insurance for your period of stay) If you do not provide this document, please enroll in insurance for international students after you arrive CJCU. The fee will be NT 500 dollars per month.
	9	健康檢查證明 (正本) Original Copy of Health Certificate : (1) 就讀一學期: 請使用「短期研修健康檢查項目表」 To whom will study at CJCU for <u>one semester</u> : Please use medical examination report by Health Certificate for Short-Term Students. (2) 就讀二學期: 請使用「居留或定居健康檢查項目表」 To whom will study at CJCU for <u>two semesters</u> : Please use medical examination report by Health Certificate for Residence Application. (※需提供醫院出具的健康檢查報告(英文版), 同時經由醫院填寫項目表並蓋章 Please submit the <b>medical report which is provided by hospital(English ver.)</b> . Asking the hospital to fill in the <b>Health Certificate form with their signature and stamp as attached.</b> )
	10	住宿申請表 *請注意: 外國交換學生皆須申請校內宿舍 Application for On-Campus Housing Please Note: It is required for all International Exchange Students to apply for on-campus (dormitory) accommodations. Thanks for your cooperation!
	11	長榮大學交換生住宿公約 Dormitory Health and Safety Regulations

若有問題, 歡迎聯繫我們 For further information, please contact us

長榮大學 國際交流與兩岸事務處 Office of Global Engagement, Chang Jung Christian University

謝佩紋 小姐 Ms. Pei-Wen Hsieh (Sana)

電話 Tel : 886-6-278-5123 ext.1737

傳真 Fax : 886-6-278-5979

電子信箱 E-mail : [sana525@mail.cjcu.edu.tw](mailto:sana525@mail.cjcu.edu.tw)



# 長榮大學

## Chang Jung Christian University

### 國際交換生申請表

### Application for International Exchange Programs

1. 個人資料 Personal Information				
英文全名 (同護照姓名) Full Name in English (as shown on passport)		Attach one recent passport photos here. Write your name and the name of your university on the back.		
姓 (Surname/Family Name)	(First Name)			(Middle Name)
中文全名 Full Name in Chinese				
出生日期 Date of Birth ____ / ____ / ____ (年 yyyy/月 mm/日 dd)	性別 Gender <input type="checkbox"/> 男性 Male <input type="checkbox"/> 女性 Female			
出生地 Place of Birth		國籍 Nationality	護照號碼 Passport Number	
母語 Native Languages	其他語言 Other Languages			

2. 聯絡資訊 Contact Information	
電話 Phone Number(with the country code)	手機 Mobile Number
傳真 Fax	電郵 E-mail Address
臉書名稱 Facebook Account	
通訊地址 Mailing Address	

3. 緊急聯絡人 Emergency Contact		
姓名 Name (建議填寫父母或監護人 Please fill out name of your parents or guardian)		
姓 (Surname/Family Name)	(First Name)	(Middle Name)
電話 Phone Number / 手機 Mobile Number		
電郵 E-mail Address		
通訊地址 Mailing Address		

4. 就學近況 Current Enrollment Details	
薦送學校 Name of Home University	目前就讀學制 Current Grade Level
薦送學校系所 Department of Study at Home University	<input type="checkbox"/> 大學 Undergraduate
薦送學校學生號碼 Student No. of Study at Home University	<input type="checkbox"/> 研究所 Graduate ( <input type="checkbox"/> 碩士 Master <input type="checkbox"/> 博士 PhD)
	目前就讀年級 Current Academic Year
	<input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year
	<input type="checkbox"/> 6th year <input type="checkbox"/> other _____ (please specify)

5. 就讀長榮大學 Study at CJCU	
就讀學制 Level of study	<input type="checkbox"/> 大學 Undergraduate ( <input type="checkbox"/> 校級 School <input type="checkbox"/> 院級 College)
	<input type="checkbox"/> 研究所－碩士 Graduate-Master
	<input type="checkbox"/> 研究所－博士 Graduate-Ph.D.
預定就讀系所 Department	_____
就讀期程 Duration of Study at CJCU	
	<input type="checkbox"/> 一學期 One Semester (about 6 Months) <input type="checkbox"/> 一學年 One Academic year (about 12 Months)

## 6. 中文程度 Proficiency in Chinese Language

華語學習經驗 Chinese Learning Experiences	是否學過華語? Have you ever studied Chinese? <input type="checkbox"/> 完全沒有 No <input type="checkbox"/> 有 Yes					
	總時數 Total Class Hours: _____			<input type="checkbox"/> 正體字 Traditional characters <input type="checkbox"/> 簡體字 Simplified characters		
	之前使用過的教材 Learning Materials you used before?					
	學習的地區、場所 Which country or institution did you study Chinese at?					
請針對現有華語程度自我 評分，最低為1分、最高5 分 Please indicate your Chinese proficiency with 1 being the lowest and 5 being the highest.	Skills/Score	1	2	3	4	5
	Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
若有任何華語測驗成績可 參考，請說明。 If you have taken any Chinese Proficiency Examination, please indicate as reference.	Name of Examination:					
	Score:					
	Correspondence of CEFR Level: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 & above					

## 7. 課程型態 About the courses

若未開放外籍生入境，是否願意轉為參加線上課程？ Are you willing to join our online exchange program if foreign students are still banned from entering Taiwan due to the pandemic reason?  <input type="checkbox"/> Yes, I would like to join the online program. <input type="checkbox"/> No, I won't join the online program.
是否選修華語課？ Will you take the Chinese Language & Culture Course in this exchange program? The courses will be scheduled on Monday afternoon and Friday afternoon.  <input type="checkbox"/> Yes, I would like to. <input type="checkbox"/> No, I won't.

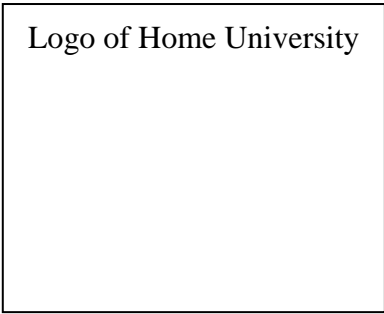
## 8. 申請人切結書 Applicant's Declaration

1. 本人已詳閱並瞭解該須知，且本人保證所填之申請表內容完全屬實無誤。  
I have read and understood the instructions, and I certify that the information on this application is complete and correct.
2. 本人瞭解若長榮大學查證該份申請內容與事實相偽，長榮大學有權利取消本人申請資格。  
I understand that Chang Jung Christian University reserves the right to withdraw any offer it may make, should any statement in this application prove to be false.
3. 本人保證若就讀長榮大學後，本人將遵守長榮大學一切規定。  
I confirm that, if admitted to Chang Jung Christian University, I will conform to all University Regulations.

簽名 Signature \_\_\_\_\_ 日期 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy/mm/dd)

\*填寫本申請表辦理相關申請作業時，視同您已同意本校蒐集、處理、利用您的個人資料；本表蒐集之個人資料，僅限於特定目的使用，非經當事人同意，絕不轉做其他用途，並遵循本校資料保存與安全控管規定辦理。相關之告知事項請參閱本校網站：<http://www.cjcu.edu.tw/pims>  
When you fill in the application form, you have consented to the collection, processing and use of your personal information by CJCU. The form collects your personal information to meet the needs of this program. Without your consent, we cannot use it for other purposes. Your information shall be preserved by the regulation of CJCU information preserve and safety control. For more details, please visit the website: <http://www.cjcu.edu.tw/pims>

\*本校個人資料保護連絡方式：台南市歸仁區長大路1號；電話：06-2785123#1022；信箱：[pims@mail.cjcu.edu.tw](mailto:pims@mail.cjcu.edu.tw)  
For details on CJCU personal data protection, please contact: No.1, Changda Rd., Gueiren District, Tainan City 711, Taiwan(R.O.C).  
Phone: +886-6-2785123-1022 Email: [pims@mail.cjcu.edu.tw](mailto:pims@mail.cjcu.edu.tw)



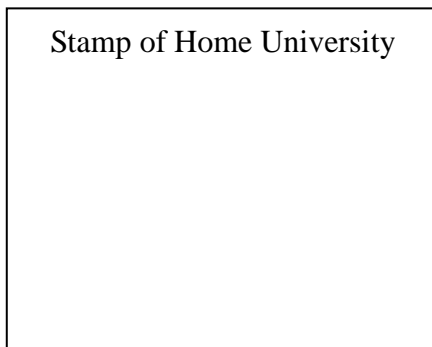
# 薦送學校提名證明書

## Nomination Certificate

This is to certify that \_\_\_\_\_ (Student Name) who is a Full-time student at \_\_\_\_\_ University (Student Number \_\_\_\_\_) has been nominated for an exchange student period at Chang Jung Christian University during the academic year 2022~2023, for (one or two) semester (s) (Date \_\_\_\_\_ to Date \_\_\_\_\_), within the exchange program.

原薦送學校證明 Home University Acknowledgement	
負責人姓名 Name of Coordinator	薦送單位名稱 Name of Office
職稱 Title	電郵 E-mail Address
電話 Phone Number	傳真 Fax
負責人簽名 Coordinator's Signature	
簽名 Signature _____ 日期 Date _____ / _____ / _____ (yyyy/mm/dd)	

(Name of Home University \_\_\_\_\_)







For whom who will study at CJCU for one semester

短期研修健康檢查項目表  
Health Certificate for Short-Term Students

(醫院名稱、地址、電話、傳真)  
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination  
YYYY / MM / DD

基本資料 / Basic Data

姓名 : Name :	性別 : <input type="checkbox"/> 男 / M <input type="checkbox"/> 女 / F Sex
國籍 : Nationality :	護照號碼 : Passport No. :
出生年月日 : <u>YYYY / MM / DD</u> Date of Birth :	

實驗室檢查 / Laboratory Examinations

A. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates :

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody  陽性 / Positive  陰性 / Negative  未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody  陽性 / Positive  陰性 / Negative  未確定 / Equivocal

b. 預防接種證明 / Vaccination Certificates (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於1歲。 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate is submitted, it is important to include the record of the vaccines administered only after one year of age.)

麻疹預防接種證明 / Measles Vaccination Certificate

德國麻疹預防接種證明 / Rubella Vaccination Certificate

c.  有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

B. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis :

X 光發現 / Findings :

判定 / Result :

合格 / Passed  疑似肺結核 / TB suspect  無法確認診斷 / Pending  不合格 / Failed

孕婦免驗 / Not required for pregnant women

健康檢查總結果 / The final result of health examination :

合格 / Passed  須進一步檢查 / Need further examinations  不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist :

負責醫師簽章 / Signature of Chief Physician :

醫院負責人簽章 / Signature of Superintendent :

日期 / Date : YYYY / MM / DD

備註 / Note : 本表為來臺短期研修停留之健康檢查項目表。表單格式僅供參考，學生另須分別檢具預防接種證明及胸部 X 光檢查報告。 / This form lists the required medical examination items for students applying for short-term study in Taiwan. This form is only used for reference, students **should submit** a copy of vaccination certificates and the chest X-ray report instead of completing this form.

本證明三個月內有效。 / The certificate is valid for three months.



**麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明（二擇一）**  
**Proof of Positive Measles and Rubella Antibody or Measles and Rubella**  
**Vaccination Certificates（alternative）**

**基本資料/ Basic Data**

姓名： Name：	性別： <input type="checkbox"/> 男/M <input type="checkbox"/> 女/F Sex
國籍： Nationality：	護照號碼： Passport No.：
出生年月日： Date of Birth： <u>YYYY</u> / <u>MM</u> / <u>DD</u>	

a. 抗體檢查/ Antibody Tests

麻疹抗體/ Measles Antibody  陽性/ Positive  陰性/ Negative  未確定/ Equivocal

德國麻疹抗體/ Rubella Antibody  陽性/ Positive  陰性/ Negative  未確定/ Equivocal

- b. 預防接種證明/ Vaccination Certificates（證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於1歲。/ The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate is submitted, it is important to include the record of the vaccines administered only after one year of age.）

麻疹預防接種證明/ Measles Vaccination Certificate

德國麻疹預防接種證明/ Rubella Vaccination Certificate

- c.  有接種禁忌，暫不適宜預防接種/ Having contraindications, not suitable for vaccination

負責醫檢師簽章/ Signature of Chief Medical Technologist：

負責醫師簽章/ Signature of Chief Physician：

醫院負責人簽章/ Signature of Superintendent：

日期/ Date of Examination：YYYY/MM/DD

備註/ Note：本證明三個月內有效。/ The certificate is valid for three months.

**胸部 X 光肺結核檢查報告**  
**Chest X-ray for Tuberculosis Report**

**基本資料/ Basic Data**

姓名： Name :	性別： <input type="checkbox"/> 男/M <input type="checkbox"/> 女/F Sex
國籍： Nationality :	護照號碼： Passport No. :
出生年月日： Date of Birth : <u>YYYY</u> / <u>MM</u> / <u>DD</u>	

X 光發現/ Findings :

判定/ Result :

- 合格 / Passed  疑似肺結核 / TB suspect  無法確認診斷 / Pending  不合格 / Failed  
 孕婦免驗 / Not required for pregnant women

負責醫師簽章/ Signature of Chief Physician :

醫院負責人簽章/ Signature of Superintendent :

日期/ Date of Examination : YYYY / MM / DD

備註 / Note : 本證明三個月內有效。 / The certificate is valid for three months.

附錄：結核病高發生率國家或地區

Appendix: Countries or areas at high risk for tuberculosis

歐洲 Europe	Romania 羅馬尼亞、Bosnia and Herzegovina 波士尼亞與赫塞哥維納。
亞洲、 亞西(含舊 蘇聯) Asia, West Asia	Afghanistan 阿富汗、Angola 安哥拉、Armenia 亞美尼亞、Azerbaijan 亞塞拜然、Bangladesh 孟加拉、Belarus 白俄羅斯、Bhutan 不丹、Brunei Darussalam 文萊、Cambodia 柬埔寨、China 大陸地區、Congo 剛果、East Timor (Timor-Leste) 東帝汶、Georgia 喬治亞、Hong Kong 香港、India 印度、Indonesia 印尼、Iraq 伊拉克、Kazakhstan 哈薩克、Kyrgyzstan 吉爾吉斯、Lao People's Democratic Republic 寮國、Latvia 拉脫維亞、Lithuania 立陶宛、Macau 澳門、Malaysia 馬來西亞、Mongolia 蒙古、Myanmar 緬甸、Nepal 尼泊爾、North Korea 北韓、Pakistan 巴基斯坦、Papua New Guinea 巴布亞紐幾內亞、Philippines 菲律賓、South Korea 南韓、Russian 俄羅斯、Sri Lanka 斯里蘭卡、Tajikistan 塔吉克、Thailand 泰國、Turkmenistan 土庫曼、Ukraine 烏克蘭、Uzbekistan 烏茲別克、Vietnam 越南、Yemen 葉門。
太平洋 Pacific	Guam 關島、Kiribati 基里巴斯、Marshall Islands 馬紹爾群島、Micronesia 密克羅尼西亞、Niue 紐埃、Northern Mariana Islands 北馬里亞納群島、Palau 帛琉、Tuvalu 吐瓦魯、Vanuatu 萬那度。
非洲 Africa	Algeria 阿爾及利亞、Benin 貝南、Botswana 波札那、布吉納法索、Burundi 蒲隆地、Cameroon 喀麥隆、Cape Verde 維德角島、中非共和國 Central African Republic、Chad 查德、Congo 剛果、Cote d'Ivoire (Ivory Coast) 象牙海岸、Djibouti 吉布提、Equatorial Guinea 赤道幾內亞、Eritrea 厄利垂亞、Ethiopia 衣索比亞、Gabon 加彭、Gambia 岡比亞、Ghana 迦納、Guinea 幾內亞、Guinea-Bissau 幾內亞比索、Kenya 肯亞、Lesotho 賴索托、Liberia 賴比瑞亞、Madagascar 馬達加斯加、Malawi 馬拉威、Mali 馬利、Mauritania 茅利塔尼亞、Morocco 摩洛哥、Mozambique 莫三比克、Namibia 納米比亞、Niger 尼日、Nigeria 奈及利亞、Rwanda 盧安達、Sao Tome and Principle 聖多美普林西亞、Senegal 塞內加爾、Sierra Leone 獅子山、Somalia 索馬利亞、South Africa 南非、Sudan 蘇丹、Swaziland 史瓦濟蘭、Tanzania 坦尚尼亞、Togo 多哥、Uganda 烏干達、Zambia 尚比亞、Zimbabwe 辛巴威。
美洲 America	Bolivia 玻利維亞、Brazil 巴西、Dominican Republic 多明尼加、Ecuador 厄瓜多爾、El Salvador 薩爾瓦多、Guatemala 瓜地馬拉、Guyana 蓋亞那、Haiti 海地、Honduras 宏都拉斯、Nicaragua 尼加拉瓜、Panama 巴拿馬、Paraguay 巴拉圭、Peru 秘魯、Suriname 蘇利南。

註：結核病高發生率地區係指結核病發生率高於每十萬人口 40 人的地區。

Note: Countries or areas at high risk for tuberculosis refer to countries or areas with a tuberculosis incidence rate that is higher than 40 per 100,000 population.



居留或定居健康檢查項目表  
Health Certificate for Residence Application

(醫院名稱、地址、電話、傳真)  
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination  
YYYY / MM / DD

基本資料 / Basic Data

姓名： Name	性別： Sex	照片 / Photo
身份證字號： ID No.	護照號碼： Passport No.	
出生年月日： Date of Birth	國籍： Nationality	
年齡： Age	聯絡電話： Phone No.	

實驗室檢查 / Laboratory Examinations

A. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis :

X 光發現 / Findings :

判定 / Result :

- 合格 / Passed  疑似肺結核 / TB suspect  無法確認診斷 / Pending  不合格 / Failed  
 孕婦或12歲以下兒童免驗 / Not required for pregnant women or children under 12 years of age

B. 腸內寄生蟲糞便檢查 / Stool Examination for Parasites :

- 陽性，種名 / Positive, Species \_\_\_\_\_  陰性 / Negative  
 其他可不予治療之腸內寄生蟲 / Other parasites that do not require treatment  
 來自附錄三之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 3

C. 梅毒血清檢查 / Serological Tests for Syphilis :

檢驗 / Tests :

- a.  RPR  VDRL  
 陽性 / Positive，效價 / Titers \_\_\_\_\_  陰性 / Negative，效價 / Titers \_\_\_\_\_  
b.  TPHA  TPPA  FTA-abs  TPLA  EIA  CIA  
 陽性 / Positive，效價 / Titers \_\_\_\_\_  陰性 / Negative，效價 / Titers \_\_\_\_\_  
c.  other \_\_\_\_\_  陽性 / Positive，效價 / Titers \_\_\_\_\_  
 陰性 / Negative，效價 / Titers \_\_\_\_\_

判定 / Result :  合格 / Passed  不合格 / Failed

15歲以下兒童免驗 / Not required for children under 15 years of age

D. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates :

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody  陽性 / Positive  陰性 / Negative  未確定 / Equivocal  
 德國麻疹抗體 / Rubella Antibody  陽性 / Positive  陰性 / Negative  未確定 / Equivocal

- b. 預防接種證明 / Vaccination Certificates (證明應包含接種日期、接種院所及疫苗批號；接種日期與出國日期應至少間隔兩週 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine; the date of vaccination should be at least two weeks prior to traveling overseas.)

麻疹預防接種證明 / Measles Vaccination Certificate  
 德國麻疹預防接種證明 / Rubella Vaccination Certificate

- c.  有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

## 漢生病檢查 / Examinations for Hansen's Disease

### 全身皮膚視診結果 / Skin Examination

正常 / Normal

異常 / Abnormal :  非漢生病 / Not related to Hansen's disease :

疑似漢生病須進一步檢查 / Hansen's disease suspect who needs further examinations

a. 病理切片 / Skin Biopsy :

b. 皮膚抹片 / Skin Smear :  陽性 / Positive  陰性 / Negative

c. 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

判定 / Result :

合格 / Passed  須進一步檢查 / Needs further examinations  不合格 / Failed

來自附錄四之國家/地區者免驗 / Not required for applicants from countries/areas listed in Appendix 4

健康檢查總結果 / The final result of health examination :

合格 / Passed  須進一步檢查 / Need further examinations  不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist :

負責醫師簽章 / Signature of Chief Physician :

醫院負責人簽章 / Signature of Superintendent :

日期 / Date : YYYY / MM / DD

備註 / Note : 本證明三個月內有效。 / The certificate is valid for three months.

## **附錄一 愛滋篩檢與治療費用通知書**

**(請健檢醫院將此通知書併同健康檢查證明發給受檢者)**

- 一、中華民國政府已修改法規，取消非本國籍人類免疫缺乏病毒 (HIV) 感染者之入境、停留及居留限制，也取消此項健康檢查項目。
- 二、由於非本國籍人士在中華民國治療 HIV 感染之費用，中華民國政府不提供補助，每年治療費用約為新臺幣三十萬元 (約美金一萬元)，建議非本國籍人士先於母國接受 HIV 篩檢，了解自身健康狀況；如為 HIV 感染者，建議留在母國接受治療。欲來中華民國工作者，請先行購買醫療保險，以免造成個人財務負擔。
- 三、外籍人士進入中華民國後，可自行至醫院進行 HIV 篩檢，了解自身感染狀況，傳染病諮詢電話為 0800-001922。

### **Appendix 1 Notice for HIV Screening and Treatment Costs**

**(Health examination hospitals shall issue this notice and health certificate to the examinee)**

1. The Government of Republic of China (Taiwan) has revised its laws to lift restrictions on entry, stay and residence of non-ROC nationals infected with human immunodeficiency virus (HIV) in addition to removing this item from health examination.
2. The Government of Republic of China (Taiwan) does not offer subsidies to non-ROC nationals infected with HIV infection for treatment in Taiwan. The annual treatment costs for HIV is NTD\$300,000 (approximately USD\$10,000). It is strongly advised that non-ROC nationals to undergo HIV screening in their homeland prior to visiting Taiwan in order to understand their own health conditions. Persons infected with HIV are strongly advised to stay in their homeland for treatment. Persons intending to work in Taiwan are advised to purchase medical health insurance in advance to avoid financial burdens.
3. Upon entry into the Republic of China (Taiwan), foreigners may undergo HIV screening at a hospital to determine their infection status. The consultation hotline for infectious diseases is 0800-001922.

### **Phụ lục 1 Giấy thông báo chi phí xét nghiệm và điều trị HIV**

**(Đề nghị bệnh viện khi cấp Báo cáo khám sức khỏe thì cấp kèm Giấy thông báo này)**

1. Chính phủ Đài Loan đã sửa đổi pháp lệnh, hủy bỏ quy định hạn chế nhập cảnh, tạm trú và cư trú đối với người nước ngoài bị Hội chứng suy giảm miễn dịch mắc phải (HIV), và cũng hủy bỏ hạng mục xét nghiệm này trong quy định khám sức khỏe.
2. Do Chính phủ Đài Loan không trợ cấp chi phí điều trị HIV tại Đài Loan cho người nước ngoài, mà chi phí điều trị mỗi năm khoảng 300 ngàn Đài tệ (khoảng 10 ngàn Đô la Mỹ), nên kiến nghị người nước ngoài, trước khi đến Đài Loan hãy tiến hành xét nghiệm HIV ở nước mình để nắm bắt tình hình sức khỏe của bản thân; nếu bị nhiễm HIV, kiến nghị hãy ở lại nước mình để điều trị. Đối với người dự định đến Đài Loan làm việc, kiến nghị hãy mua Bảo hiểm Sức khỏe trước, nhằm tránh gánh nặng tài chính cho bản thân.
3. Người nước ngoài sau khi đến Đài Loan có thể tự đến bệnh viện xét nghiệm HIV để nắm bắt tình hình nhiễm bệnh của mình, số điện thoại tư vấn bệnh truyền nhiễm tại địa bàn Đài Loan là: 0800-001922.

## ภาคผนวก 1 ใบแจ้งค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์

( ให้โรงพยาบาลที่รับการตรวจแนบใบแจ้งนี้พร้อมกับใบตรวจสุขภาพให้กับเจ้าตัว )

1. รัฐบาลไต้หวันได้ยกเลิกคำสั่งห้ามชาวต่างชาติที่ติดโรคเอดส์ ( HIV ) เข้าประเทศ หยุดแหวะและอยู่อาศัยในไต้หวัน รวมทั้งการตรวจสุขภาพในรายการนี้ด้วย
2. เนื่องจากรัฐบาลไต้หวันไม่ออกค่าใช้จ่ายในการตรวจและรักษาโรคเอดส์ให้กับบุคคลที่ไม่ใช่สัญชาติไต้หวัน ค่ารักษาพยาบาลโรคเอดส์ตกประมาณปีละ NT\$ 300,000 ( หรือประมาณ US\$ 10,000 )  
จึงขอแนะนำชาวต่างชาติให้ตรวจโรคเอดส์ ( HIV ) ในประเทศของตนก่อนเดินทางมาไต้หวัน  
หากป่วยเป็นโรคเอดส์ให้รับการรักษาในประเทศของตนเสียก่อน  
ผู้ที่ประสงค์จะมาทำงานในไต้หวันให้ซื้อประกันการรักษาพยาบาลล่วงหน้า เพื่อป้องกันภาระที่อาจเกิดขึ้นในภายหลัง
3. ชาวต่างชาติเมื่อเดินทางเข้ามาไต้หวันสามารถขอตรวจโรคเอดส์ ( HIV ) จากโรงพยาบาลได้ด้วยตนเอง  
เพื่อรับรู้สภาพร่างกายตนเอง หรือติดต่อสอบถามได้ที่ศูนย์ให้คำปรึกษาโรคติดต่อ 0800-001922

### Lampiran 1 Surat Pemberitahuan Seleksi AIDS dan Biaya Pengobatan

( Mohon rumah sakit yang mengadakan pemeriksaan menyampaikan surat pemberitahuan ini beserta dengan surat keterangan pemeriksaan kesehatan kepada orang yang melakukan pemeriksaan )

1. Pemerintah Taiwan telah mengubah peraturan , dimana telah membatalkan non warga negara Taiwan yang terjangkit virus ( HIV ) masuk ke negara ini , menetap dalam jangka waktu pendek atau menetap dalam jangka waktu yang lama yang dibatasi waktunya dan juga telah membatalkan item ini dari pemeriksaan kesehatan .
2. Mengenai biaya pengobatan dari non warga negara Taiwan yang terjangkit virus ( HIV ) di Taiwan tidak ditanggung oleh pemerintah Taiwan lagi , pemerintah Taiwan tidak akan memberikan subsidi , setiap tahun biaya pengobatan kira-kira sebesar tiga ratus ribu NT\$ ( kira-kira sepuluh ribu US \$ ) , sarankan sebelum non warga negara Taiwan datang ke Taiwan , terlebih dahulu mengadakan pemeriksaan HIV di negara asal , dan untuk mengetahui kondisi kesehatan badan sendiri ; bila telah terjangkit HIV , sarankan mengadakan pengobatan di negara asal terlebih dahulu . Bagi yang hendak bekerja di Taiwan mohon terlebih dahulu membeli asuransi pengobatan , demi untuk menghindari terjadinya beban keuangan secara pribadi .
3. Setelah pendatang asing masuk ke Taiwan , dapat melakukan pemeriksaan seleksi HIV ke rumah sakit dengan sendiri , demi untuk lebih jelas tentang kondisi terjangkit virus ini , boleh telpon ke nomor telepon konseling penyakit menular di wilayah Taiwan adalah : 0800-001922 .



## 附錄二 辦理居留或定居健康檢查補充說明事項

### Appendix 2 Additional instructions of health examination for residence application

- 一、6歲以下兒童免辦理健康檢查，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）。Children under 6 years of age are exempt from health examination, but the certificate of vaccination is necessary. (Child age one and above should get at least one dose of measles and rubella vaccines) .
- 二、懷孕婦女及12歲以下兒童免驗胸部 X 光檢查；懷孕婦女於產後應補辦理胸部 X 光檢查。Pregnant women and children under 12 years of age are exempt from chest X-ray examination; Pregnant women should undergo chest X-ray examination after the child's birth.
- 三、得申請免驗胸部 X 光檢查之資格：來自結核病盛行率低於十萬分之三十的國家，並檢具由精神科醫師出具申請人在心理上不適合進行胸部 X 光檢查之診斷證明書，經衛生福利部疾病管制署審核通過者，始得免除此項檢查。Qualifications for applying exemption from chest X-ray examination: People who are from countries with a tuberculosis prevalence rate of under 30/100,000 and who have received the physical examination certificate that deemed the individual as being unsuitable to undergo chest X-ray examination, which is verified by CDC, are exempt from the examination.
- 四、腸道寄生蟲糞便檢查採離心濃縮法。Stool examination for parasites should be done with centrifugal concentration.
- 五、15歲以下兒童免驗梅毒血清檢查。Children under 15 years of age are exempt from serological test for syphilis.
- 六、漢生病檢查為全身皮膚檢查，受檢者可穿著內衣內褲，並由親友或女性醫護人員陪同受檢。檢查時逐步分部位受檢，避免一次脫光全身衣物，維護受檢者隱私。Hansen's disease examination refers to careful examination of the entire body surface, which should be done with courtesy and respect to the applicant's privacy. During the examination, the applicant is allowed to wear underwear and be accompanied by a friend or female medical personnel. Hospitals or clinics have the responsibility to protect the privacy of the applicant, and the examination should be done step by step. Hence, taking off all clothes at the same time should be avoided.

附錄三 免驗腸內寄生蟲糞便檢查之國家/地區表

Appendix 3 List of countries/areas not required to undergo stool examination for parasites

<b>西太平洋區 Western Pacific Region</b>	
澳洲 Australia	汶萊 Brunei Darussalam
香港 Hong Kong	日本 Japan
澳門 Macao	紐西蘭 New Zealand
韓國 Republic of Korea	新加坡 Singapore
臺灣之無戶籍國民 nationals without registered permanent residence in Taiwan	
<b>東地中海區 Eastern Mediterranean Region</b>	
巴林 Bahrain	科威特 Kuwait
卡達 Qatar	沙烏地阿拉伯 Saudi Arabia
阿拉伯聯合大公國 United Arab Emirates	
<b>美洲區 Region of the Americas</b>	
阿根廷 Argentina	加拿大 Canada
智利 Chile	美國 United States of America
<b>歐洲區 European Region</b>	
阿爾巴尼亞 Albania	安道爾 Andorra
亞美尼亞 Armenia	奧地利 Austria
白俄羅斯 Belarus	比利時 Belgium
波士尼亞與赫塞哥雅納 Bosnia and Herzegovina	保加利亞 Bulgaria
克羅埃西亞 Croatia	賽普勒斯 Cyprus
捷克 Czech Republic	丹麥 Denmark
愛沙尼亞 Estonia	芬蘭 Finland
法國 France	喬治亞 Georgia
德國 Germany	希臘 Greece
匈牙利 Hungary	冰島 Iceland
愛爾蘭 Ireland	以色列 Israel
義大利 Italy	哈薩克 Kazakhstan
拉脫維雅 Latvia	立陶宛 Lithuania
盧森堡 Luxembourg	馬爾他 Malta
摩納哥 Monaco	蒙特內哥羅 Montenegro
荷蘭 Netherlands	挪威 Norway
波蘭 Poland	葡萄牙 Portugal
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania
俄羅斯 Russian Federation	聖馬利諾 San Marino
塞爾維亞 Serbia	斯洛伐克 Slovakia
斯洛維尼亞 Slovenia	西班牙 Spain
瑞典 Sweden	瑞士 Switzerland
馬其頓 The former Yugoslav Republic of Macedonia	土耳其 Turkey
土庫曼 Turkmenistan	烏克蘭 Ukraine
英國 United Kingdom	

附錄四 免驗漢生病檢查之國家/地區表

Appendix 4 List of countries/areas not required to undergo examination for Hansen's disease

<b>西太平洋區 Western Pacific Region</b>	
澳洲 Australia	汶萊 Brunei Darussalam
香港 Hong Kong	日本 Japan
澳門 Macao	紐西蘭 New Zealand
韓國 Republic of Korea	新加坡 Singapore
臺灣之無戶籍國民 nationals without registered permanent residence in Taiwan	
<b>美洲區 Region of the Americas</b>	
加拿大 Canada	智利 Chile
美國 United States of America	
<b>歐洲區 European Region</b>	
阿爾巴尼亞 Albania	安道爾 Andorra
亞美尼亞 Armenia	奧地利 Austria
白俄羅斯 Belarus	比利時 Belgium
波士尼亞與赫塞哥雅納 Bosnia and Herzegovina	保加利亞 Bulgaria
克羅埃西亞 Croatia	賽普勒斯 Cyprus
捷克 Czech Republic	丹麥 Denmark
愛沙尼亞 Estonia	芬蘭 Finland
法國 France	喬治亞 Georgia
德國 Germany	希臘 Greece
匈牙利 Hungary	冰島 Iceland
愛爾蘭 Ireland	以色列 Israel
義大利 Italy	哈薩克 Kazakhstan
拉脫維雅 Latvia	立陶宛 Lithuania
盧森堡 Luxembourg	馬爾他 Malta
摩納哥 Monaco	蒙特內哥羅 Montenegro
荷蘭 Netherlands	挪威 Norway
波蘭 Poland	葡萄牙 Portugal
摩爾多瓦 Republic of Moldova	羅馬尼亞 Romania
俄羅斯 Russian Federation	聖馬利諾 San Marino
塞爾維亞 Serbia	斯洛伐克 Slovakia
斯洛維尼亞 Slovenia	西班牙 Spain
瑞典 Sweden	瑞士 Switzerland
馬其頓 The former Yugoslav Republic of Macedonia	土耳其 Turkey
土庫曼 Turkmenistan	烏克蘭 Ukraine
英國 United Kingdom	

## 附錄五：健康檢查不合格之認定及處理原則

檢查項目	不合格之認定及處理原則
胸部 X 光 肺結核檢查	<p>一、活動性肺結核或結核性肋膜炎視為不合格。</p> <p>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。</p> <p>三、經診斷為「疑似肺結核」或「無法確認診斷」者，請攜帶體檢報告、胸部 X 光片至指定機構再檢查；所在縣市無指定機構者，得至鄰近醫院之胸腔科門診再檢查。</p> <p>四、不合格者得留臺治療後重新體檢，但時間依其停留簽證或入出境許可證之效期為限。</p>
腸內寄生蟲 糞便檢查	<p>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（<i>Entamoeba histolytica</i>）、鞭毛原蟲類，纖毛原蟲類及孢子蟲類者為不合格。</p> <p>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（<i>Entamoeba hartmanni</i>）、大腸阿米巴（<i>Entamoeba coli</i>）、微小阿米巴（<i>Endolimax nana</i>）、嗜碘阿米巴（<i>Iodamoeba butschlii</i>）、雙核阿米巴（<i>Dientamoeba fragilis</i>）、唇形鞭毛蟲（<i>Chilomastix mesnili</i>）等，可不予治療，視為「合格」。</p> <p>三、不合格者得接受治療，檢具複檢陰性證明者，視為合格。</p> <p>四、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。</p>
梅毒血清 檢查	<p>一、具下列任一條件，視為不合格：</p> <p>（一）未曾接受梅毒治療或病史不清楚者，其血清非特異性梅毒螺旋體試驗及特異性梅毒螺旋體試驗陽性。</p> <p>（二）曾經接受梅毒治療者，其血清非特異性梅毒螺旋體試驗效價<math>\geq 4</math>倍上升。</p> <p>二、血清非特異性梅毒螺旋體試驗及特異性梅毒螺旋體試驗：</p> <p>（一）非特異性試驗：快速血漿反應素試驗（RPR）或性病研究實驗室試驗（VDRL）。</p> <p>（二）特異性試驗：梅毒螺旋體血液凝集試驗（TPHA）、梅毒螺旋體粒子凝集試驗（TPPA）、梅毒抗體間接螢光染色法（FTA-abs）、梅毒螺旋體乳膠凝集試驗（TPLA）、梅毒螺旋體酵素免疫分析法（EIA）或梅毒螺旋體化學冷光免疫分析法（CIA）。</p> <p>三、梅毒血清檢查如使用中央衛生主管機關所增列之檢驗方法，得於其他下增列。</p> <p>四、不合格者得接受治療，檢具治療證明者，視為合格。</p>
麻疹及德國 麻疹抗體檢 查	<p>麻疹或德國麻疹抗體檢查報告為陰性或未確定者，且未檢具麻疹及德國麻疹預防接種證明者，視為不合格。但經醫師評估有麻疹及德國麻疹疫苗接種禁忌者，視為合格。</p>
漢生病檢查	<p>一、經診斷為「須進一步檢查」者，請至指定機構進一步檢查；所在縣市無指定機構者，得至鄰近醫院之皮膚科門診。</p> <p>二、不合格者得留臺治療後重新體檢，但時間依其停留簽證或入出境許可證之效期為限。</p>

註：胸部 X 光肺結核檢查或漢生病檢查之再檢查指定機構名單請洽衛生福利部疾病管制署（<http://www.cdc.gov.tw>）/國際旅遊與健康/外國人健檢/健檢指定醫院/「胸部 X 光檢查確認機構名單」或「漢生病個案確診及治療指定機構」。

## Appendix 5: Principles in determining the health examination failed and further procedures

Test	Principles in determining the health examination failed and further procedures
Chest X-ray for Tuberculosis	<ol style="list-style-type: none"> <li>1. Active pulmonary tuberculosis or tuberculous pleurisy is failed.</li> <li>2. Non-active pulmonary tuberculosis including calcified pulmonary tuberculosis, calcified foci and enlargement of pleura, is considered passed.</li> <li>3. Those who are determined to be “TB suspect” or whose results are diagnosed “pending” diagnosis by the designated hospital in Taiwan must take the report and X-ray films to the referred institution for re-examination; those living in cities/counties without a referred institution, please visit the department of chest medicine at a nearby hospital.</li> <li>4. People with failed results are allowed to stay for re-examination after receiving treatment, but the duration of stay depends on his/her visitor visa or entry/exit permit.</li> </ol>
Stool Examination for Parasites	<ol style="list-style-type: none"> <li>1. By microscope examination, cases are determined failed if intestinal helminthes eggs or other protozoa such as <i>Entamoeba histolytica</i>, flagellates, ciliates and sporozoans are detected.</li> <li>2. <i>Blastocystis hominis</i> and Amoeba protozoa such as <i>Entamoeba hartmanni</i>, <i>Entamoeba coli</i>, <i>Endolimax nana</i>, <i>Iodamoeba butschlii</i>, <i>Dientamoeba fragilis</i>, <i>Chilomastix mesnili</i> found through microscope examination are considered passed and no treatment is required.</li> <li>3. People with failed results can accept treatment, and people with negative re-examination results are considered passed.</li> <li>4. Pregnant women who have positive result for parasites examination are considered passed and please have medical treatment after the child’s birth.</li> </ol>
Serological Test for Syphilis	<ol style="list-style-type: none"> <li>1. Meeting one of the following criterion are considered failed : <ol style="list-style-type: none"> <li>(1) Without past history of syphilis therapy or with unknown history, the non-treponemal test and the treponemal test are positive.</li> <li>(2) With past history of syphilis therapy, the non-treponemal test titers are 4-fold rising.</li> </ol> </li> <li>2. Serological non-treponemal tests and treponemal tests: <ol style="list-style-type: none"> <li>(1) Non-treponemal tests : RPR or VDRL.</li> <li>(2) Treponemal tests : TPHA, TPPA, TPLA, EIA, CIA, and FTA-abs.</li> </ol> </li> <li>3. Those who had failed serological test for syphilis but have accepted treatment are considered passed</li> </ol>
Measles and Rubella Antibody test	It is considered failed if measles or rubella antibody is negative (or equivocal) and no measles and rubella vaccination certificate issued. Those who have contraindications, not suitable for vaccinations, are considered passed.
Examination for Hansen’s Disease	<ol style="list-style-type: none"> <li>1. Those who are determined to need further examinations by the designated hospital in Taiwan must go to the referred institution for further examinations; those living in cities/counties without a referred institution can visit the department of dermatology at a nearby hospital.</li> <li>2. People with failed result are allowed to stay for re-examination after receiving treatment, but the duration of stay depends on his/her visitor visa or entry/exit permit.</li> </ol>



# 長榮大學

## Chang Jung Christian University

### 住宿申請書

### Application for On-Campus Housing

1. 姓名 Name : \_\_\_\_\_

2. 原就讀學校名稱 Home Institution : \_\_\_\_\_

3. 通訊地址 Current Mailing Address : \_\_\_\_\_

\_\_\_\_\_

4. 性別 Gender :  女 Female  男 Male

5. 身分 Status :  大學部 Undergraduate  研究生 Graduate

6. 住宿期間 Period of Residence : From YYYY / MM / DD to YYYY / MM / DD

7. 住宿費 Accommodation Fee

The fee for dormitory accommodations is about NT\$13,300 per semester plus a deposit of NT\$3,000, to be paid in full upon registration. (The deposit will be fully refunded when the student checks out of the dormitory). You will be sharing a room with either 1 or 3 roommates.

8. 寢具 Bedding

- |   |
|---|
| <p><input type="checkbox"/> 寢具請長榮大學代為租借，包含枕頭、枕頭套、床墊、被子，一組1,550元。若已租用，不能退租。<br/>I need CJCU to help me rent the beddings including a pillow, a pillow case, a single-size mattress and a bed quilt. One set is NT\$1,550. The beddings could not be returned when CJCU has already rented for you.</p> <p><input type="checkbox"/> 抵達長榮大學後自行購買。<br/>I will buy the beddings when I arrive CJCU.</p> <p><input type="checkbox"/> 自行從母國帶過來。<br/>I will bring my beddings from my home country.</p> |
|---|

9. 注意事項 Notes

- (1) 住宿費依新規定實施收費 Accommodation fees are subject to change
- (2) 寒暑假需另繳住宿費（以週計算） Students who stay in the dormitory during winter break or summer vacation are required to pay extra fees (per week)
- (3) 申請將依來函順序辦理 Applications are processed in the order in which they are received



# 長榮大學外國生住宿生活公約

## Dormitory Health and Safety Regulations For Chang Jung Christian University International Students

我會遵守相關法令以及學生宿舍相關規定。

I will comply with the relevant provisions of the regulations of student dormitories.

1. 我不帶（讓）異性及非住宿生隨意進入寢室。

I will not allow persons of hetero-sex or non-boarders into the bedroom.

2. 我不攜帶槍、械、刀、毒等等危險之違禁品。

I will not carry guns, firearms, knives, drugs and other dangerous substances.

3. 我不使用高耗電之電器用品影響用電安全。

I will not use high capacity electrical appliances that may cause safety concerns.

4. 我不私自將交誼廳公物拿回寢室獨自使用。

I will not take property in the public area to the bedroom for private use.

5. 我不會在學校非吸菸區與宿舍內吸煙，不隨地亂丟煙蒂、垃圾製造髒亂。

I will not smoke in non-smoking areas and dormitory rooms, and I will not litter cigarette butts or garbage.

6. 我不在校園內與宿舍內喝酒。

I will not drink alcohol in dormitory rooms or on campus.

7. 我不隨意將鞋子、垃圾擺放走廊。

I will not place shoes or garbage in the corridor.

8. 我不在天台烤肉、鳴放鞭炮影響安寧。

I will not barbecue or fire firecrackers on the rooftop to disturb others.

9. 我不在宿舍寢室內大聲喧嘩（含音響）擾亂安寧。

I will not cause disturbingly loud noises (including noises from sound systems) in the dormitory bedroom.

10. 我不豢養寵物（飛禽走獸；魚蝦水族）影響環境衛生。

I will not raise pets (any birds, beasts; fish or aquarium animals) for a healthy and hygienic environment.

11. 我不隨意在飲水機傾倒麵渣湯汁、茶渣污染環境。

I will not dump food, soup or tea leaves in the water dispenser's drain, which may pollute the environment.



12. 家長來賓來訪時，我會辦理會客登記再帶家長、來賓到交誼廳會客。

When my parents or guests come to visit, I will get entry permission and then bring them to the public meeting area.

13. 不能在宿舍（含寢室）內喝酒。

Drinking alcohol in the dormitory (including bedroom) is prohibited.

14. 不能在牆壁張貼任何東西，以避免破壞牆面。

Posting anything on the wall is prohibited because it may cause damage to the wall.

15. 我會隨時隨地愛惜宿舍公物，隨時保持環境清潔。

I will at all times take care of the public property in the dormitory and keep the environment clean.

16. 請於週一至週五處理退宿相關事宜。

Check - out is processed from Monday to Friday.

17. 退宿時，寢室一定要整理乾淨（包括廁所），並聯絡國際交流與兩岸事務處及生輔組檢查宿舍，方能辦理退宿。

Before check - out, please make sure that the bedroom is clean and tidy (including toilets). Please contact the Office of Global Engagement and Student Assistance for an inspection before check - out.

18. 退宿時，寢具歸還前請先清洗乾淨。

Please wash the bedding before returning it.

19. 共用財產如有遺失或破壞由各室人數平均分擔賠償，否則依校規懲處。

Any loss or damage of the property is equally shared among borders and may be punishable according to the university rules and regulations.

本人如有違反宿舍生活公約，同意校方彙整記錄，累犯者通知家長，並送生輔組議處，絕無異議。

I agree to the above regulations and authorize CJCU to collect my dormitory residential records upon breach of the regulations. Upon repeated breach of the regulations, I have no objection to CJCU notifying my parents of the case before rendering it to the Student Assistance Services to make decisions of punishment.

立約人簽名 (Covenant Signature) : \_\_\_\_\_

YYYY 年 MM 月 DD 日



# 長榮大學

## Chang Jung Christian University

### 防疫及接駁說明

### Information for quarantine and pick-up Service

- 接駁服務將依相關政策規定而調整，我們將於開學前通知您。

The pick-up service will be adjusted by our latest regulation. We will let you know our final decision before the semester begins.

- 請注意，由於疫情因素，入境申請程序繁複，請勿在本校通知前，自行購買機票。

There will be quite a few procedures that need to be completed for entering Taiwan during the pandemic. Therefore, DO NOT purchase the air ticket before we notify you.

- 根據台灣入境政策，所有外國學生必須通過桃園國際機場(TPE)入境台灣。學生必須乘坐防疫計程車前往隔離檢疫場所，並接受10天隔離檢疫以及7天自主管理。隔離檢疫的費用約為每天新台幣1500元，包含三餐費用。以下更多有關隔離的說明，請參閱。

According to the policy for entering Taiwan, all foreign students must enter Taiwan through the Taoyuan (Taipei) International Airport, TPE. Students have to take the quarantine taxi to the hotel and then conduct their 10-days quarantine and 7-days self-health management. The cost may around NT\$1500 per day, three meals are included. The following information will provide you with more details about the quarantine procedures.

- (1) 所有入境台灣旅客均須提供入境航班兩日內之 PCR 檢測陰性證明文件。

All arrivals have to provide the COVID-19 PCR negative test report issued within 2 working days of their incoming flight's scheduled departure time.

- (2) 所有入境台灣的旅客，均須於抵達台灣時，立即進行10天隔離檢疫以及7天自主管理。學生必須自行預定隔離以及自主管理期間的防疫旅館，並回報本校。防疫旅館費用則由來校交換生自行負擔。

All arrivals enter Taiwan, who must take 10-days quarantine and 7-days self-health management.

Students have to book the quarantine and self-health management accommodation by themselves and then report to us. Students have to pay for the cost.

- (3) 檢疫隔離及自主管理期間之快篩規定，請參考下列網站：

<https://www.cdc.gov.tw/En/Bulletin/Detail/lbHiiRbC5eEur1wz683ehw?typeid=158>。學生完成10天隔離檢疫以及7天自主管理後，始得進入校園。

The current regulation of rapid test during quarantine and self-health management, please see the following website: <https://www.cdc.gov.tw/En/Bulletin/Detail/lbHiiRbC5eEur1wz683ehw?typeid=158>.

Students can enter the campus only after they complete 10-days quarantine and 7-days self-health management

- 入境限制可能因為疫情隨時變動，強烈建議向您所在地最近的台灣簽證/入境業務辦事處，洽詢辦理簽證指引及最新的入境限制。若您已被接受為本校交換生，我們將隨時更新最新入境資料給您。

The travel restrictions could be changed from time to time due to the pandemic uncertainty, a consultation with the nearest Taiwan embassy, consulate or representative agency for instructions on how to obtain the visa and entering restrictions is strongly recommended. We will keep you updated if there are any changes once you are accepted as our exchange students.