

National Chengchi University Outstanding Exchange Student Scholarship Application Form

Name: Dept./Level: Student ID:		Phone number: Email:		
Exchange country and school:		Exchange period: (yyyy/mm/dd ~ yyyy/mm/dd)		
Do you receive financial support from NCCU or other organizations during the exchange period? <input type="checkbox"/> No <input type="checkbox"/> Yes, scholarship name: _____				
International cultural exchange activities and services participated in during the exchange or after exchange: (Please attach activity photos and a report for each activity. Format as attached, please add additional fields if needed.)				
No.	Activity Name	Activity Period	Roles	Do you receive any subsidies?
1		<input type="checkbox"/> Exchange period <input type="checkbox"/> After Exchange	<input type="checkbox"/> Initiator <input type="checkbox"/> Organizer <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Assistant <input type="checkbox"/> Participant <input type="checkbox"/> Others	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____
2		<input type="checkbox"/> Exchange period <input type="checkbox"/> After Exchange	<input type="checkbox"/> Initiator <input type="checkbox"/> Organizer <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Assistant <input type="checkbox"/> Participant <input type="checkbox"/> Others	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____
3		<input type="checkbox"/> Exchange period <input type="checkbox"/> After Exchange	<input type="checkbox"/> Initiator <input type="checkbox"/> Organizer <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Assistant <input type="checkbox"/> Participant <input type="checkbox"/> Others	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____
4		<input type="checkbox"/> Exchange period <input type="checkbox"/> After Exchange	<input type="checkbox"/> Initiator <input type="checkbox"/> Organizer <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Assistant <input type="checkbox"/> Participant <input type="checkbox"/> Others	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____
5		<input type="checkbox"/> Exchange period <input type="checkbox"/> After Exchange	<input type="checkbox"/> Initiator <input type="checkbox"/> Organizer <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Assistant <input type="checkbox"/> Participant <input type="checkbox"/> Others	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____
Attached documents : <input type="checkbox"/> Application form <input type="checkbox"/> Photocopy of transcript (exchange school) <input type="checkbox"/> Activity photos and report <input type="checkbox"/> Others				
Signature of applicant:			Signature of the department chairman:	
Result: <input type="checkbox"/> Pass, approved scholarship of NTD _____ to the applicants. <input type="checkbox"/> Failed				
Signature of vice president for OIC: _____				

National Chengchi University
Outstanding Exchange Student Scholarship
Activity Report

Activity Name:	Activity Date:
Activity Venue:	Organizer:
Number of Participants:	Number of members:
Total Expenses:	Source of Funding:
Purpose of Activity	
Activity Details and Results	
Activity Photos	

(Please add additional fields if needed.)