

國立成功大學學生身心就醫費用補助申請表
NCKU Application Form for Student Medical Subsidies

Date: ____ yyyy __ mm __ dd

申請人 基本資料 Applicant Information	姓名 Chinese Name		生理 性別 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	出生日期 Date of Birth	____ yyyy __ mm __ dd
	系級 Class		學號 Student No.		身份證字號 National ID No.	
	手機號碼 Mobile Phone No.					
	E-mail					
應備 證明文件 Required Documents	<input type="checkbox"/> A medical certificate issued by a psychiatrist . (A photocopy must be sealed by the hospital or clinic.) <input type="checkbox"/> Payment receipts or other equivalent medical payment documents. (A photocopy must be sealed by the hospital or clinic.) <input type="checkbox"/> A photocopy of the cover of the applicant's post office passbook .					
切結 An Affidavit	I certify that applicant information and required documents presented in this application to the best of my knowledge are truthful. If they are found to be false, the subsidy will be returned. Signature of Applicant: _____					
審核 Review	核定 補助金額 Approved Amount of Subsidy	<input type="checkbox"/> NT\$ _____ (from ____ yyyy __ mm to ____ yyyy __ mm)				
	承辦人 Responsible Staffer	<input type="checkbox"/> 建請通過 Approved <input type="checkbox"/> 建請不通過 Disapproved	組長 Division Chief	學生事務長 Vice President for Student Affairs		