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| **高雄醫學大學 學年度第 學期親儒紀念獎學金申請表**  **Kaohsiung Medical University Scholarship in Memory of Ching-Ju Application From**  **Academic Year: Semester:** | | | | | |
| 系 級  Department / Grade | 課 程 名 稱  Course | 學分數  Credits | 上學期  分 數  First Semester Grades | 下學期  分 數  Second Semester Grades | 學生輔導委員會  審查結果：  □ 通過  □ 不通過  Student Guidance Committee censorship:  □ Accept.  □ Not Accept. |
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|  |  |  |  | 社工小組評語  Comments of Social Workers  審查結果 Result   * 推荐 Recommend * 不推荐  Not Recommend |
| 學 號  Student No. |  |  |  |  |
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| 聯絡電話  Phone Number |  |  |  |  | 是否領有其他校外 獎學金  □ 有  申請獎學金之名稱:    □ 無 Do you have any other extramural scholarship?  □ YES.  Please specify:  □ NO. |
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| * 注意事項：在相關社工科目成績欄內，請填寫與社會工作 相關的必修科目。 * Notes: Please specify the required courses related to social work in the column of grades. | | | | |

以上所填寫應屬實，若有虛構，需負法律責任並同意撤回相關證件。  
I hereby certify that the above information is true and correct. I understand that I will be subject to civil penalties as any false declaration is found, and I agree to withdraw all related documents.申請人： （蓋章） 聯絡電話： 日期： 年 月 日  
Applicant: (Signature) Phone Number: Date: (yyyy/mm/dd)