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| **高雄醫學大學 學年度 第 學期 研究生績優獎學金申請表****Kaohsiung Medical University Graduate Scholarship Award Application Form****Academic Year: Semester:**  |
| 姓 名Name |  | 所 別 級Department / Degree | 博 Doctor 所 Graduate Institute碩 Master | 學號Student No. |  | 性別Gender |  |
| 前學期成績Last Semester Performance | 學業Academic Grades | 操行Conduct Grades | 所長推薦評語Recommendation of the Chair Person of Graduate Institute |  |
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| 申請資格Requirement | 1. 研究生績優獎學金由各學系主任或所長推薦優秀之研究生申請，每學期辦理一次。The applicant should be an outstanding graduate student and recommended by the chair person of Graduate Institute. The application of graduate scholarship award is accepted one time per semester.
2. **各系所推荐績優獎學金之研究生時，經各學院相關委員會或適當之系、所級會議初審通過後，檢附會議紀錄及名冊送其學院彙整，再送學務處課外組提委員會審決。**
3. 一年級新生第一學期不得請領研究生績優獎學金。Freshmen are ineligible to apply for the graduate scholarship award in the first semester.
4. 在校內、外有全職工作之研究生得領取研究生績優獎學金，但不得再申請助學金。The applicant who has other intramural or extramural full-time job is eligible to apply for graduate scholarship, but grants for stipends.
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| 研究生聯絡電話Contact Information | （H） | （O） |

指導教授: （蓋章） 學系主任/所長 （蓋章）

Supervisor: (Signature) Chair Person of: (Signature)

 Graduate Institute

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|  博高雄醫學大學 學年度第 學期 所 研究生績優獎學金推薦名冊 碩Kaohsiung Medical University Academic Year SemesterDepartment/Graduate Institute of Graduate Scholarship Award Recommendation List |
| 編號No | 姓 名Name | 學 號Student No. | 年級Grade | 備 註Note |
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學系主任或所長 蓋章 院 長 蓋章

Head of Department: (Signature) Dean (Signature)