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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. | | | | | | | | | | |
| 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 Semester  Department/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)