

高雄醫學大學英文畢業門檻通過證明文件

Kaohsiung Medical University

Certification of Fulfillment of English Language Proficiency Requirement For Graduation

系所名稱 Department :

學號 :

中文姓名 :

英文姓名 :

ID Number

Name in Chinese

Name in English

我已確認本附件與正本相符，如有偽造自負法律責任。

I hereby confirm that this attachment is consistent with the original document. Any forgery will be subject to legal liability.

學生簽名處 :

審核人員簽章 :

系主任 :

Student's Signature

Reviewed and Verified by

Department Chair's Signature

申請日期 :

Date of application

請將證書或成績單影本黏貼至本欄中

Please affix a copy of the certificate or transcript in this section.

保存期限：請保留至該生畢業 Retention Period: Please keep until the student's graduation.