

# 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 :

ID Number

中文姓名 :

Name in Chinese

英文姓名 :

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 :

Student's Signature

審核人員簽章 :

Reviewed and Verified by

系主任 :

Department Chair's Sinature

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.