

## DEPOSITION

\*Please print out the DEPOSITION, signed it and E-mail back in PDF document.

- ☐ I certify that I have completed this application form by myself and that all the information I have given is true and accurate to the best of my knowledge. I further understand that misrepresentation or fraudulent information is sufficient grounds for canceling my admission or registration.
- ☐ I agree to abide by the rules, policies and regulations of the China Medical University and China Medical University will assume no responsibility for my conduct or lack of compliance with any Taiwan laws.
- ☐ I further understand that,
- (1) I understand that I have to participate for the entire program and the check-in date will be 7/21<sup>st</sup> and check-out date will be 8/3<sup>rd</sup>. The course will start from 7/22<sup>nd</sup> and finished on 8/2<sup>nd</sup>.
- (2) I'm willing to pay ☐TWD\$3,000 or ☐TWD\$7,000 (please tick one) for my accommodation from 7/21~8/3, airfare, visa fee, meals, transportations, tickets, overseas medical insurance and any personal spending...etc.
- (3) I have to obtain Overseas Medical Insurance.
- (4) Before finishing the program, I have to hand in a reflection of the program.
- (5) China Medical University has the right to make slight alteration according to different circumstances.
- ☐ Any statements that are not mentioned here, will be conducted with related regulations.
- ☐ I understand and agree with all the mentioned statements above and I have no objection as to regulations set forth by the admission committee of China Medical University for foreign students. If I violate any of the statements, it will lead to the cancellation of my registration and participated qualification.

Date \_\_\_\_\_ (yyyy /mm / dd)

Signature of Applicant \_\_\_\_\_

Please print \_\_\_\_\_