## **Tzu Chi University**

## Statement of Intent to Enroll for Fall Semester, 2021

(First Application Period)

| A. MY INTENTION TO ENROLL IS:    |  |
|----------------------------------|--|
| ☐ Yes, I'd like to enroll in☐ No | the Department/Institute of  |
| Please send the following of     | documents with this Statement of Intent to:                              |
| Registrar, Tzu Chi U             | niversity  |
| 701, Zhongyang Roa               | ad, Section 3, Hualien 97004, Taiwan, R.O.C                              |
| before <b>June 7, 202</b> 2      | l.   |
| B. REQUIRED DOCUMEN              | NTS  |
| 1. A copy of degree diplom       | a verified by Taipei Economic and Cultural Office.                       |
| 2 A copy of official transc      | ript of academic performance verified by Taipei Economic and Cultural    |
| Office.                          |  |
| (*Taipei Economic and            | d Cultural Office: https://bit.ly/2PyEJuX)                               |
| C. GENERAL INFORMAT              | TION   |
| Last name                        | First name   |
| Date of birth                    | (MM/DD/YYYY) Gender $\square$ Male $\square$ Female                      |
| Passport number                  | Phone number   |
| Address                          |  |
| D. I QUALIFY AS AN INTER         | NATIONAL STUDENT   |
| 1. I am fully aware that an in   | nternational student shall be confined to as an individual whose         |
| nationality is not the Repub     | lic of China (R.O.C.), currently without an identity of overseas Chinese |
| student status, has been livin   | g overseas for more than 6 consecutive years, and never had a            |
| household registered in Taiv     | van.   |
| 2. I authorize Tzu Chi Unive     | rsity to verify my status based on the information provided. Should any  |
| violation be found, my admis     | ssion shall be disqualified, my registration shall be deprived, or my    |
| degree shall be disqualified.    |  |
| Applicant's Signature            | Date   |
| Legal Guardian's Signature_      | Date   |