



FO GUANG UNIVERSITY (FGU)

2023 FALL

EXCHANGE STUDENTS

PROGRAM

IN TAIWAN (FGU)

The online link of application: <https://t.ly/pAeam>

Application of exchange program at FGU in 2023 Fall

Table of Contents

<i>Application</i>	2
<i>FGU Calendar-Regular Courses</i>	2
<i>FGU Calendar-Chinese Language Instruction Center</i>	3
<i>CLIC 2023 Calendar</i>	3
<i>Dormitory</i>	4
<i>Tuition & Personal Expense</i>	5
<i>Credit</i>	6
<i>Insurance</i>	6
<i>Medical Examination Requirements</i>	7
Attachment1 <i>Nomination List</i>	10
Attachment2 <i>Coverage of Insurance</i>	11
Attachment3 <i>Get insurance at FGU</i>	12

Application

No.	Item	Deadline	Description
1	Nomination list	2023.MAY.12	<ul style="list-style-type: none"> ■ Please fill in the list and email it to oica@gm.fgu.edu.tw ■ The list should be filled and emailed by the office coordinator at your home institution.
2	Google Online Application Form	2023.JUNE.09	<ul style="list-style-type: none"> ■ Please fill out the google online form to complete application. ■ The online link of application form: https://t.ly/pAeam ■ please upload the requirements (jpg or pdf) as below: <ul style="list-style-type: none"> <input type="checkbox"/> Profile photo <input type="checkbox"/> Certificate of Enrollment in English <input type="checkbox"/> Transcript of last semester in English <input type="checkbox"/> A copy of Medical and Accident Insurance (please see page.12 to confirm the coverage) <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Medical Examination Requirements for short-term Students(Form C)- Please see page.7 to confirm the details. There are 3 forms.
3	Sending Acceptance Letter	2023.JUNE.26	<p>We will email acceptance letter to the office coordinator at your home institution.</p> <p>The acceptance Letter would be one of requirements for a visa.</p>

FGU Calendar-Regular Courses

No.	Item	from ~to~	Description
1	Regular courses of 2023 Fall *Course information please find the link below for	fm. 2023.Sep. to 2024.Jan.	Our regular courses are Chinese as a medium of instruction. If exchange students would like take the courses, please submit a certificate of

	reference: https://reurl.cc/28q6y6		TOCFL :A2 or higher level.
2	2024 WINTER vacation	fm. 2024.Jan. to 2024.Feb	

FGU Calendar-Chinese Language Instruction Center (CLIC)

No.	Item	from ~to~	Description
1	2023 Fall Season (12weeks)	fm. 2023.Aug.28 to 2023.Nov.24	It's unnecessary to submit any proofs of Chinese level. language Course information please find the link below for reference: https://reurl.cc/MXE6Qn
2	2023 Winter Season (12weeks)	fm. 2023.Nov.27 to 2024.Feb.23	
3	Airport pick-up Service of CLIC		until further notice
4	Last Arrival date of 2023 Fall	2023.Aug.28	

CLIC 2023 Calendar



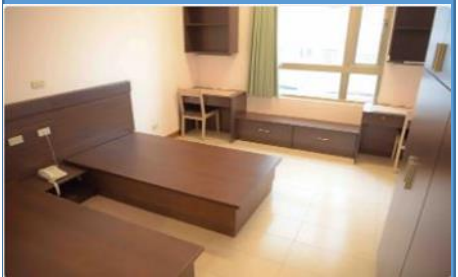


佛光大學華語教學中心

Chinese Language Instruction Center, Fo Guang University

CLIC 2022~2023 ACADEMIC YEAR CALENDAR

2023 華語秋季班 AUTUMN TERM-12WEEKS		
SEPTEMBER 4 TH – NOVEMBER 24 TH		
Aug. 28th	Mon.	Last Arrival Date for Autumn Term Students
Aug. 29th– Aug. 30th	Tue. – Wed.	Placement Test
Sep. 1 st	Fri.	Orientation/Pick-Up Class Schedule & Tuition Payment
Sep. 4th	Mon.	Classes Begin
Sep. 29th	Fri.	Holiday: Mid-Autumn Festival
Oct. 10th	Tue.	Holiday: Double-Tens Day
Oct. 12 nd	Thu.	Fo Guang University 23 th anniversary
Nov. 24th	Fri.	Last Day of Classes; Final Exam
2023 華語冬季班 WINTER TERM-11WEEKS		
DECEMBER 4 TH – FEBRUARY 23 RD		
Nov. 27th	Mon.	Last Arrival Date for Autumn Term Students
Nov. 28th– Nov.29th	Tue. – Wed.	Placement Test
Dec. 1st	Fri.	Orientation/Pick-Up Class Schedule & Tuition Payment
Dec. 4th	Mon.	Classes Begin
Jan. 1st	Mon.	Holiday: New Year's Day
Feb. 8th– Feb. 14th	Thu.–Wed.	Holiday: The Lunar New Year
Feb. 23 rd	Fri.	Last Day of Classes; Final Exam

Dormitory

Item	Description	Photos
Public Space	<ul style="list-style-type: none"> ■Lounge with TV*1, ■Reading room*2. ■Laundry, Pantry, coin-operated washer, dryer on every floor. ■Security office 	<div data-bbox="1042 309 1501 353" style="background-color: #0070C0; color: white; padding: 2px;">宿舍大樓 Building</div> 
Room type and the charge <div data-bbox="92 656 531 999" style="border: 1px solid #0070C0; padding: 5px;"> <div style="background-color: #0070C0; color: white; padding: 2px;">4 人房 Quadruple room</div>  </div>	<ul style="list-style-type: none"> ■Twin bed room: NT\$10,750 per semester ■Quadruple room: NT\$8,750 per semester ■Deposit: NT\$2,000(Refunding to you when check out) Facilities: bed,desk,closet,air conditioner,bathroom,network socket for laptop or desktop	<div data-bbox="1042 656 1501 701" style="background-color: #0070C0; color: white; padding: 2px;">2人房 Twin room</div>  <div data-bbox="1042 976 1501 1021" style="background-color: #0070C0; color: white; padding: 2px;">交誼廳lounge</div> 
Notice	<ol style="list-style-type: none"> 1. The dormitory fee is not including summer and winter vacation. If you would like to extend stay in winter or summer vacation, should apply at the end of semester and pay the extra fees. 2. Waiver of Dormitory Fee: Depends on the MOU between your home institution and FGU. However, summer and winter vacation are not included. 	<div data-bbox="1042 1328 1501 1395" style="background-color: #0070C0; color: white; padding: 2px;">閱讀室 Reading room</div>  <div data-bbox="1042 1760 1501 1827" style="background-color: #0070C0; color: white; padding: 2px;">洗衣乾衣間 laundry</div> 

Tuition & Personal Expense

Item	Description
Tuition of Regular courses	Free
Tuition of CLIC	<ul style="list-style-type: none"> ■Placement test:NT\$500(If you have never learned Chinese, don't need to take the test) ■Please see the tuition list of CLIC as below. 3. (Waiver of Tuition: Depends on the MOU between your home institution and FGU.)
Dormitory	Please see the page.3
Meals	NT\$250/day on the average
cost-of-living	NT\$10,000~17,000/month on the average

The tuition list of CLIC

Class	Attendance	hours per week	Charge per hour	Spring term/Summer season/ Fall term/Winter term (12weeks per term)
individual	1 person	15	NT\$550	NT\$99,000
		10		NT\$66,000
		8		NT\$52,800
		6		NT\$39,600
		4		NT\$26,400
		2		NT\$13,200
group	2-3 persons	15	NT\$300	NT\$54,000
		10		NT\$36,000
		8		NT\$28,800
		6		NT\$21,600
		4		NT\$14,400
		2		NT\$7,200
	4-6 persons	15	NT\$200	NT\$36,000
		10		NT\$24,000
		8		NT\$19,200
		6		NT\$14,400
		4		NT\$9,600
		2		NT\$4,800
	7-10persons	15	NT\$150	NT\$27,000
culture	no limit	-	NT\$200	-

Credit

<i>Item</i>	<i>Description</i>
Regular courses (Please submit a certificate of TOCFL :A2 or higher level)	min credit: 0 credit/semester (you can take courses of CLIC only) max credit: 27 credit/semester
Chinese language instruction center (CLIC)	If you complete the courses, we are going to issue certificate of completion instead of credit.
Notice	You can also take regular course as long as it won't overlap with Chinese language courses (CLIC).

Insurance

The insurance is optional. You can get insurance in your home country or in Taiwan

<i>Item</i>	<i>Description</i>
Get insurance in your home country	You can take out an insurance in your country. Please see the attachment2 for reference.
Get insurance in Taiwan (FGU)	Please see the attachment3. Our staff of CLIC will charge you NT\$3,000 to take out insurance for you.

Medical Examination Requirements

短期研修健康檢查表（丙表） Medical Examination Requirements for Short-Term Students (Form C) (參考用)(For Reference Only)

檢查日期 ____/____/____

(年)(月)(日)

Date of Examination ____/____/____

(M) (D) (Y)

基本資料 (Basic data)

姓名 Name	:	_____	性別 Sex	:	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
國籍 Nationality	:	_____	護照號碼 Passport No.	:	_____
出生年月日 Date of Birth	:	____/____/____			

檢查項目 (Items required)

A. 麻疹及德國麻疹(風疹)之抗體陽性檢驗報告或預防接種證明 (Proof of Positive Measles and Rubella Antibody Titers or Measles and Rubella Immunization Certificates) :

a. 抗體檢查 Antibody Test

麻疹抗體 Measles antibody titer ☐陽性 Positive ☐陰性 Negative ☐未確定 (Equivocal)

德國麻疹(風疹)抗體 Rubella antibody titer ☐陽性 Positive ☐陰性 Negative ☐未確定 (Equivocal)

b. 預防接種證明 Immunization Certificate (含疫苗名稱、接種日期、接種單位或醫師簽章。如檢附幼時接種紀錄，其接種年齡必須大於1歲。)

(The certificate must include information such as the date of immunization, and the name of the hospital or clinic administering the vaccine or the signature of the physician administering the vaccine. If the childhood immunization record is submitted, it is important to include the record of the vaccines administered only after one year of age.)

☐麻疹預防接種證明 Measles Immunization Certificate

☐德國麻疹(風疹)預防接種證明 Rubella Immunization Certificate

c. ☐經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination)

B. 胸部 X 光檢查肺結核 (Chest X-Ray for Tuberculosis) :

X 光發現(X-ray Findings) : _____

判定(Results) :

☐合格(Passed) ☐疑似肺結核(TB Suspect) ☐須進一步診斷(Pending) ☐不合格(Failed)

☐孕婦免驗 (Maternity Exemption)

備註(Note) :

一、本表為外籍學生、大陸及港澳地區學生來臺停留研修之健康檢查項目表。本表僅供參考用，學生可分別檢具預防接種證明及胸部 X 光檢查報告。This form lists the required medical examination items for students applying for short-term study in Taiwan. **This form is only used for reference. Students may submit a copy of immunization certificates and the chest X-ray report instead of completing this form.**

二、根據以上對_____先生/女士/小姐之檢查結果為

☐合格 ☐不合格 ☐須進一步檢查

Results : According to the above medical report of Mr./Mrs./Ms. _____, he/she

☐has passed the examination ☐has failed the examination ☐needs further examination.

負責醫檢師簽章 :
(Chief Medical Technologist)

(Name & Signature)

負責醫師簽章：_____ (Name & Signature)
(Chief Physician)

醫院負責人簽章：_____ (Name & Signature)
(Superintendent)

日期 (Date)：____/____/____

麻疹及德國麻疹(風疹)之抗體陽性檢驗報告或預防接種證明(二擇一)
Proof of Positive Measles and Rubella Antibody Titers or Measles and Rubella Immunization Certificates (alternative)

姓名 Name	:	_____	性別 Sex	:	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
國籍 Nationality	:	_____	護照號碼 Passport No.	:	_____
出生年月日 Date of Birth	:	____ / ____ / ____			

a. 抗體檢查 Antibody Test

麻疹抗體 Measles antibody titer

☐陽性 Positive ☐陰性 Negative ☐未確定 (Equivocal)

德國麻疹(風疹)抗體 Rubella antibody titer

☐陽性 Positive ☐陰性 Negative ☐未確定 (Equivocal)

b. 預防接種證明 Immunization Certificate (含疫苗名稱、接種日期、接種單位或醫師簽章。

如檢附幼時接種紀錄，其接種年齡必須大於 1 歲。)

(The certificate must include information such as the date of immunization, and the name of the hospital or clinic administering the vaccine or the signature of the physician administering the vaccine. If the childhood immunization record is submitted, it is important to include the record of the vaccines administered only after one year of age.)

☐麻疹預防接種證明 Measles Immunization Certificate

☐德國麻疹(風疹)預防接種證明 Rubella Immunization Certificate

c. ☐經醫師評估，有接種禁忌者，暫不適宜接種。(Having contraindications, not suitable for vaccination)

負責醫檢師簽章：_____ (Name & Signature)
(Chief Medical Technologist)

負責醫師簽章：_____ (Name & Signature)
(Chief Physician)

醫院負責人簽章：_____ (Name & Signature)
(Superintendent)

檢查日期 (Date of Examination)：____/____/____

胸部 X 光檢查肺結核報告
Chest X-Ray for Tuberculosis Report

姓名 : _____ Name	性別 : <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female Sex
國籍 : _____ Nationality	護照號碼 : _____ Passport No.
出生年月日 : ____ / ____ / ____ Date of Birth	

X 光發現(X-ray Findings) : _____

判定(Results) : ☐合格(Passed) ☐疑似肺結核(TB Suspect)
☐須進一步診斷(Pending) ☐不合格(Failed)

負責醫師簽章 : _____ (Name & Signature)
 (Chief Physician)

醫院負責人簽章 : _____ (Name & Signature)
 (Superintendent)

檢查日期 (Date of Examination) : ____/____/____

Attachment1

【Fo Guang University】Exchange Student Nomination List for Entry in 2023 Fall									
No.	Name in English	Name in Chinese	Nationality	Gender (M/F)	Birthdate (Year/Month/Day)	Home University Name	Major area of Study at your home institution	Length of Exchange Study (1 Semester / 1 Year)	Student's Personal Email Address
ex.	Kim Soo Hyun	金秀賢	Korea	M	1998/12/19	○○ University	Department of Psychology	1 year	pinfish1219@gmail.com
1									
2									

Signature of office coordinator: _____

*The list should be filled and emailed by the office coordinator at your home institution.

*Please Email the Nomination list by 2023.May.12 to oica@gm.fgu.edu.tw

Attachment2

Get an insurance in your home country. The coverage is for reference.

COVERAGE	SUM INSURED	
Death or Permanent Disability by Accident	USD	50,000
Death or Permanent Disability by Accident	USD	50,000
Death by disease	USD	20,000
Medical expenses by accident	USD	10,000
Medical expenses by accident(Deductible)	KRW	0
Medical expenses by disease	USD	10,000
Medical expenses by disease(Deductible)	KRW	0
Inpatient medical expenses in Korea by accident	KRW	30,000,000
Outpatient medical expenses in Korea by accident	KRW	200,000
Medicament expenses in Korea by accident	KRW	100,000
Inpatient medical expenses in Korea by disease	KRW	30,000,000
Outpatient medical expenses (in Korea) by disease	KRW	200,000
Medicament expenses in Korea by disease	KRW	100,000
(chiropractic, ESWT, Prolotherapy)Medical Expenses	KRW	3,500,000
(non-covered injections) Medical Expenses	KRW	2,500,000
(non-covered MRI/MRA) Medical Expenses	KRW	3,000,000
Special Expenses	USD	50,000
Endorsement for Martyr	USD	50,000
TOTAL PREMIUM		KRW 132,700

Attachment3

We will charge you NT\$3,000 for you insurance plan.



三商美邦人壽保險股份有限公司
Mercuries Life Insurance Co., Ltd.

Group Benefits Scheme

Presented To : Fo Guang University

Policy No. : G00100000386

◎ **Benefits Schedule**

Coverage \ Plan	Plan 001(NT\$)
Accidental Death & Dismemberment(GPA)	1,000,000
Accidental Medical Reimbursement(GAMR)	50,000
Group Hospital & Surgical Insurance(GNHS)	1,000
Group Accidental Fracture Indemnity(GAFI)	1,000

◎ **Coverage**

Coverage	Benefits	Plan 001(NT\$)
Death due to accident	Death Benefit	\$1,000,000
Disability due to accident	1st Level Disability Benefit	\$1,000,000
	2nd Level Disability Benefit	\$900,000
	3rd Level Disability Benefit	\$800,000
	4th Level Disability Benefit	\$700,000
	5th Level Disability Benefit	\$600,000
	6th Level Disability Benefit	\$500,000
	7th Level Disability Benefit	\$400,000
	8th Level Disability Benefit	\$300,000
	9th Level Disability Benefit	\$200,000
	10th Level Disability Benefit	\$100,000
	11th Level Disability Benefit	\$50,000
Major Burns	Major Burns Benefit	\$250,000
Accidental Medical Reimbursement	Medical Benefit	\$50,000 per event
Hospitalization	◎ Supplement to National Health Insurance Plan, the insured can apply benefits either by 【Option A】 or 【Option B】	
	【Option A】 Medical receipts are required.	
	Room & Board Benefit	1,000 per day maximum 120 days
	Miscellaneous Medical Expenses Benefit	up to \$30,000 per hospital stay, plus NT \$1,000/day for every day over 30-day of inpatient confinement. Maximum of 120 days per hospital stay for maximum payment of NT \$120,000. Includes daily doctor consultations, drugs, blood, registration/certification fees, OR, ER, dressings, labs, PT, anesthetics, radiation, and intravenous, excluding National Health Insurance payments.
	Surgical Benefit	\$40,000 per surgery Payment derived by multiplying NT \$40,000 by the percentage (19% - 500%) for each surgery as specified in the Surgical Schedule, i.e., surgical payment range between NT \$7,600 and NT \$200,000.
	【Option B】 If medical receipts cannot be provided.	
	Hospital Income Indemnity	Insured can convert the above benefits into a Hospital Income benefit of \$1,000 per day with a maximum of 120 days, if medical receipts are not provided.
Other Medical Benefit	Fracture Benefit	Maximum NT\$30,000 Paid a different number of days according to bone position and severity (total fracture / partial fracture / bone cracking)