



學年度 _____ 學期 (_____ Academic Year _____ Semester)

生物醫學研究所研究生選定教學分組申請書

Application of Curriculum Group Selection

申請日期 Date: _____

類別 Category	<input type="checkbox"/> 首次選定教學分組 Select Curriculum Group First Time <input type="checkbox"/> 變更教學分組 Change of Curriculum Group		
班別 Class	<input type="checkbox"/> 碩士班 Master's Program <input type="checkbox"/> 博士班 Doctoral Program _____ 年級 Grade	學號 Student ID	
學生簽名 Applicant Signature	I have read and agreed with the notice.		聯絡電話 Contact Number
首次選定 Select First Time	<input type="checkbox"/> 分子化學暨細胞生物學組 Molecular And Cellular Biology Group <input type="checkbox"/> 神經科學組 Neuroscience Group <input type="checkbox"/> 微生物暨免疫學組 Microbiology and Immunology Group	<input type="checkbox"/> 腫瘤醫學組 Tumor Medicine Group <input type="checkbox"/> 臨床醫學組 Clinical Medicine Group	
變更後 (無者免填) After Change (If Any)	<input type="checkbox"/> 分子化學暨細胞生物學組 Molecular And Cellular Biology Group <input type="checkbox"/> 神經科學組 Neural Science Group <input type="checkbox"/> 微生物暨免疫學組 Microbiology and Immunology Group	<input type="checkbox"/> 腫瘤醫學組 Tumor Medicine Group <input type="checkbox"/> 臨床醫學組 Clinical Medicine Group	
換組原因 Reason to change			
單位簽核 Approval Process	指導教授 Adviser SIG	Date:	系所主管 Head of the Department
		Date:	

備註 Notice :

1. 碩博新生須於一年級第二學期開學前繳交此申請書，於期限內繳交者，得於博士資格考前或碩士學位考前申請換組乙次；逾期繳交者不得申請換組。

Student needs to submit this application before 2nd semester of 1st grade starts. Those submitted it on time are allowed to apply for change group once before applying Ph. D. qualification or thesis defense for M.S. degree. Those failed to submit application on time, are not allowed to change group.

2. 各組修課規定：除應修習必修學分外，各組學生需從該組選修課程中，至少擇一門課修習(如該課程有分上、下學期，則皆需修畢，始可認列)，加上其他選修課程後，始可畢業。

Student should pass at least 1 course (elective) of his/her selected curriculum group. If the course has more than one lectures that belong to different semester, students should pass all the lectures of the course.

3. 申請變更換組，須經指導教授及本所所長同意。

If a student applies for change of curriculum group, s/he needs to get the consent signature of the adviser and the head of the department.