**Appendix 2**

**2025 Academic Year Four-year Academia Cooperative Degree Overseas Youth Vocational Training Program (OYVTP)**

**Department and School Application Form**

(for 2025 enrolment) ※ overseas compatriot student no.:

(to be allocated by the OCAC)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Application Information | Name | ChineseEnglish (Write in Capitals) | Age |  | Sex |  | Please attach a 2-inch upper body photo |
| DOB |  Year Month Day |
| Nationality | ROC | ID Card No.:Passport No.:Arc No.:  | Arrived in place of residence in \_\_\_\_\_\_\_\_year via\_\_\_\_ |  |
| Place of Residence | Country:ID Card No.:Passport No.: | Place of Birth |  |
| Mailing Address |  |
| E-mail |  | Tel. No.: (please include country code and area code) | Mobile:Landline |
| Parent Information | Name | Mother/Father | ChineseEnglish | DOB | Mother/ Father |  Year Month Day (Alive/Deceased) | Tel. No.: |  | Is your mother or father ethnic Chinese? □Yes □ No |
| Mother /Father | ChineseEnglish | Mother/Father |  Year Month Day (Alive/Deceased) |  |
| Education | School Name | Elementary School | Junior High School (Years 1 to 3) | Senior High School (Year 4to 5) | Equal to domestic senior high school year 3 (FORM 6)School graduated from or attended |
|  |  |  |  |
| Enrolment |  Year Month Day |  Year Month Day |  Year Month Day |  Year Month Day |
| Graduation |  Year Month Day |  Year Month Day |  Year Month Day |  Year Month Day |
| ◆Are you a person with a physical or mental disability or a person in need of "special care": □No □Yes (please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )◆Recommend overseas compatriot schools/teaching organizations for study in Taiwan |
| Matters for Attention | 1. Please write clearly when filling in this form. If there are no columns, please do not fill them in.2. After carefully reading the regulations of the admissions prospectus and agreeing to abide by them, parents agree to authorize the school to handle any major medical emergencies that occur during the study period.3. Anyone who registers for this enrollment agrees to be handled in accordance with Appendix 1 “Information on Collection, Processing and Utilization of Personal Data of Students Registered for the Overseas Youth Vocational Training Program(OYVTP).”4. The form below the double line will be reviewed by the unit accepting the application, the applicant does not need to fill it in. | Signature of Application | I have read and understood the regulations of the prospectus Year Month Day | Signature of Parent | MotherFather  Year Month DayThe applicant who is under 18-year-old should get approval from the parents  |
| **Review Opinion of Unit Receiving Application** | Is the applicant of Taiwanese descent: □Yes □No□The information filled in by the above applicant is clear and complete and has been verified to be true.□Applicants can obtain a visa to return to their original place of residence□Other: | **Recommending unit signature column** |  | **Overseas mission signature column** |  |

Note: According to Paragraph 3, Article 6 of the “Regulations Regarding Study and Counseling Assistance for Overseas Chinese Students in Taiwan,” for those under 18 years of age holding a foreign passport, the OCAC agrees to record according to the results of allocation and submit to the Bureau of Consular Affairs, Ministry of Foreign Affairs for listing; exempt from attaching the Consent Letter from Guardian in Taiwan.