


# National Yang Ming Chiao Tung University

## Application Form for Incoming Exchange Students

**APPLICANTS ARE ADVISED TO READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.**


**PLEASE TYPE; HANDWRITTEN SUBMISSION IS NOT ACCEPTED (EXCEPT YOUR SIGNATURE).**

PERSONAL INFORMATION			
Name	Cedric	CHHUON	
	First	Middle, Other	Last; Family
Date of Birth : 2000-01-19 ( Y/M/D )	Gender : Male		
Passport No. : 16AI47194	Nationality : France		
Mobile No. : +33-754253357-	Home tel : +33-146729120-		
Email : cedric.chhuon@esme.fr			
Home Address : ( Postal Code 94200 )			
5 impasse des hautes bornes Ivry sur Seine France Europe			
Mailing Address : ( Postal Code 94200 )			
5 impasse des hautes bornes Ivry sur Seine France Europe			
Emergency Contact Information	Name : Helene Chhuon	Tel : +33-695368639-	
	Email : ch.helene@gmail.com	Relationship : Mother	
	Address : 5 impasse des hautes bornes		

EDUCATIONAL INFORMATION				
School Name and Country	Start Date ( Month/Year )	End Date ( Month/Year )	Field of Study	Qualification
[Current] ESME Sudria Engineering School(Europe - France)	9 / 2018	6 / 2023	Engineering	Bachelor
[Completed]				

PROFICIENCY					
Language Type	Reading	Writing	Listening	Speaking	Note: Please describe your proficiency as E(Excellent), G(Good), F(Fair), P(Poor), N(Nill).
Chinese	P(Poor)	P(Poor)	P(Poor)	P(Poor)	
English	F(Fair)	F(Fair)	F(Fair)	F(Fair)	
Other : French	E(Excellent)	E(Excellent)	E(Excellent)	E(Excellent)	
Specify if you have taken any Chinese or English proficiency test. ( Please attach copies of proof. )					
Date	Name of The Test	Score	Date	Name of The Test	Score

PROGRAMS OF STUDY YOU WISH TO APPLY		
Name of Department/Institute : College of Computer Science - Department of Computer Science		
Prospective Period of Study	Fall Semester ( September, 2021 to January, 2022 )	Total staying period 5 months

SIGNATURE OF APPLICANT	
I, the undersigned, hereby certify that all of the information furnished above is true and correct.	
	11/04/2021
Signature	Date, Place
CONFIRMATION OF HOME UNIVERSITY	
Name of exchange coordinator :	
Phone:	
Fax:	
Email:	
Signature	Date, Place