



FO GUANG UNIVERSITY (FGU)

2027

EXCHANGE STUDENTS

PROGRAM

IN TAIWAN (FGU)

IN TAIWAN (FGU)

Table of Contents

The online link to the application: <https://forms.gle/H6D3SLbKgCACJzLq7>



Application	2
FGU Calendar-Regular Courses.....	3
Dormitory	4
Tuition & Personal Expense.....	5
Credit	6
Insurance.....	6
Health Certificate for Short-term Students	7
Attachment1.....	0
Attachment2.....	0
Attachment3.....	1

Application

No.	Item	Deadline	Description
1	Nomination list	2026.Oct.21	■ Please complete the list and email it to oica@gm.fgu.edu.tw ■ The office coordinator at your home institution should complete and email the list.
2	Google Online Application Form	2026.Nov.04	■ Please complete the Google online application form. ■ The online link to the application form: https://forms.gle/H6D3SLbKgCACJzLq7 ■ please upload the requirements (jpg or pdf) as below: ☐ Profile photo ☐ Certificate of Enrollment in English ☐ Transcript of last semester in English ☐ A copy of Medical and Accident Insurance (please see page 7 to confirm the coverage) ☐ Copy of Passport ☐ Health Certificate for Short-term Students -Please see page 7 to confirm the details. There are 3 forms.
3	Sending Acceptance Letter	2026.Nov.18	We will email an acceptance letter to the office coordinator at your home institution. The Acceptance Letter is one of the requirements for obtaining a visa.

FGU Calendar-Regular Courses

No.	Item	From ~To~	Description
1	Airport pick-up Service for 2027 Regular courses	2027. Feb.19	
2	Regular courses of 2027 Spring *Course information please find the link below for reference: https://reurl.cc/dOA48D	From 2027. Feb.22 to 2027. Jun.25	Our regular courses are taught in Chinese. If exchange students would like to take the courses, please submit a certificate of TOCFL: A2 or higher level.
3	2027 Summer Vacation	From. 2027.Jun. 25 to 2027.Sep. 27	

Dormitory

Item	Description	Photos
Public Space	■Lounge with TV*1, ■Reading room*2. ■Laundry, Pantry, coin-operated washer, dryer on every floor. ■Security office	 宿舍大樓 Building
Room type and the charge	■Quadruple room: NT\$9,625 per semester ■Deposit: NT\$2,000(Refunded upon check out) - Facilities: bed,desk,close,air conditioner,bathroom,network socket for laptop or desktop	 4 人房 Quadruple room
Notice	■The dormitory fee does not include summer and winter vacation. If you wish to extend your stay during the winter or summer vacation, please apply at the end of the semester and pay the additional fees. ■Waiver of Dormitory Fee: Depends on the MOU between your home institution and FGU. However, summer and winter vacation are not included.	 交誼廳lounge  閱讀室 Reading room  洗衣乾衣間 laundry

Tuition & Personal Expense

Item	Description
Tuition /Miscellaneous Fees of Regular courses	Tuition Fee: Free Miscellaneous Fees: NT\$3500/per semester
Tuition of CLIC	■Placement test: NT\$500(If you have never learned Chinese, there is no need to take the test) ■Please see the tuition list of CLIC as below. (Waiver of Tuition: Depends on the MOU between your home institution and FGU.)
Dormitory	Please see the page.5
Meals	An average of NT\$250~300 per day
Cost-of-living	NT\$10,000~19,000/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\$600	NT\$108,000
		10		NT\$72,000
		8		NT\$57,600
		6		NT\$43,200
		4		NT\$28,800
		2		NT\$14,400
group	2-3 persons	15	NT\$320	NT\$57,600
		10		NT\$38,400
		8		NT\$30,720
		6		NT\$23,040
		4		NT\$15,360
		2		NT\$7,680
	4-6 persons	15	NT\$220	NT\$39,600
		10		NT\$26,400
		8		NT\$21,120
		6		NT\$15,840
		4		NT\$10,560
		2		NT\$5,280
	7-10persons	15	NT\$200	NT\$36,000
culture	no limit	-	NT\$200	-

Credit

Item	Description
Regular courses (Please submit a certificate of TOCFL: A2 or higher level)	min credit: 0 credit/semester (you can take classes of CLIC only) Max credit: 27 credits/semester
Chinese Language Instruction Center (CLIC)	Upon completion of the courses, a certificate of completion will be issued instead of academic credit.
Notice	You can also take regular courses as long as they won't overlap with Chinese language courses (CLIC).

Insurance

You can get insurance in your home country or in Taiwan

Item	Description
Get insurance in your home country	You can purchase insurance in your home country or in Taiwan. Please see attachment 2 for reference.
Get insurance in Taiwan (FGU)	Please see the attachment 3. We will charge you NT\$3,000 to take out insurance for you.

Health Certificate for Short-term Students

短期研修健康檢查項目表 Health Certificate for Short-Term Students

(醫院名稱、地址、電話、傳真)
(Hospital's Name, Address, Tel, Fax)

檢查日期 / Date of Examination
YYYY / MM / DD

基本資料 / Basic Data

姓名 : Name :	性別 : ☐ 男 / M ☐ 女 / F Sex :
國籍 : Nationality :	護照號碼 : Passport No. :
出生年月日 : YYYY / MM / DD Date of Birth :	

實驗室檢查 / Laboratory Examinations

A. 麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明 / Proof of Positive Measles and Rubella Antibody or Measles and Rubella Vaccination Certificates :

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

b. 預防接種證明 / Vaccination Certificates (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於 1 歲。 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate 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 Vaccination Certificate

☐ 德國麻疹預防接種證明 / Rubella Vaccination Certificate

c. ☐ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

B. 胸部 X 光肺結核檢查 / Chest X-ray for Tuberculosis :

X 光發現 / Findings : _____

判定 / Result :

☐ 合格 / Passed ☐ 疑似肺結核 / TB suspect ☐ 無法確認診斷 / Pending ☐ 不合格 / Failed

☐ 孕婦免驗 / Not required for pregnant women

健康檢查總結果 / The final result of health examination :

☐ 合格 / Passed ☐ 須進一步檢查 / Need further examinations ☐ 不合格 / Failed

負責醫檢師簽章 / Signature of Chief Medical Technologist : _____

負責醫師簽章 / Signature of Chief Physician : _____

醫院負責人簽章 / Signature of Superintendent : _____

日期 / Date : YYYY / MM / DD

備註 / Note : 本表為來臺短期研修停留之健康檢查項目表。表單格式僅供參考，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 vaccination certificates and the chest X-ray report instead of completing this form.

本證明三個月內有效。 / The certificate is valid for three months.

麻疹及德國麻疹之抗體陽性檢查報告或預防接種證明(二擇一)
Proof of Positive Measles and Rubella Antibody or Measles and Rubella
Vaccination Certificates (alternative)

基本資料 / Basic Data

姓名 : Name :	性別 : ☐ 男 / M ☐ 女 / F Sex :
國籍 : Nationality :	護照號碼 : Passport No. :
出生年月日 : <u>YYYY</u> / <u>MM</u> / <u>DD</u> Date of Birth :	

a. 抗體檢查 / Antibody Tests

麻疹抗體 / Measles Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

德國麻疹抗體 / Rubella Antibody ☐ 陽性 / Positive ☐ 陰性 / Negative ☐ 未確定 / Equivocal

- b. 預防接種證明 / Vaccination Certificates (證明文件應註明接種日期、接種院所及疫苗批號。如檢附幼時接種證明，其接種年齡必須大於 1 歲。 / The certificate should include the date of vaccination, the name of administering hospital or clinic and the batch no. of vaccine. If the childhood vaccination certificate 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 Vaccination Certificate

☐ 德國麻疹預防接種證明 / Rubella Vaccination Certificate

- c. ☐ 有接種禁忌，暫不適宜預防接種 / Having contraindications, not suitable for vaccination

負責醫檢師簽章 / Signature of Chief Medical Technologist : _____

負責醫師簽章 / Signature of Chief Physician : _____

醫院負責人簽章 / Signature of Superintendent : _____

日期 / Date of Examination : YYYY / MM / DD

胸部 X 光肺結核檢查報告
Chest X-ray for Tuberculosis Report

基本資料 / Basic Data

姓名 : Name :	性別 : ☐ 男 / M ☐ 女 / F Sex :
國籍 : Nationality :	護照號碼 : Passport No. :
出生年月日 : <u>YYYY</u> / <u>MM</u> / <u>DD</u> Date of Birth :	

X 光發現 / Findings : _____

判定 / Result :

- ☐ 合格 / Passed ☐ 疑似肺結核 / TB suspect ☐ 無法確認診斷 / Pending ☐ 不合格 / Failed
☐ 孕婦免驗 / Not required for pregnant women

負責醫師簽章 / Signature of Chief Physician : _____

醫院負責人簽章 / Signature of Superintendent : _____

日期 / Date of Examination : YYYY / MM / DD

備註 / Note : 本證明三個月內有效。 / The certificate is valid for three months.

Attachment1

【Fo Guang University】 Exchange Student Nomination List for Entry in 2027 Spring									
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 2026.Oct.21 to oica@gm.fgu.edu.tw

Attachment2

Get 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 your 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)