

## Scholarship Regulations

### §1 (Purpose)

The UMAP Taiwan Exchange Student Scholarship Program funded by the UMAP Taiwan National Secretariat (NS) has been established to encourage university student exchanges between UMAP member countries/territories, and promote cultural and academic exchange between Taiwan and other countries/territories, fostering mutual understanding.

### §2 (Scholarship & Details)

- I. The UMAP Taiwan Exchange Student Scholarship Program is funded by the Ministry of Education (MOE), Taiwan.
- II. Each exchange student will receive up to 20,000 New Taiwan Dollars (NTD) per month.
- III. When the duration of the exchange program involves less than a full month, then a corresponding proportion of the amount for a full month will be paid.
- IV. The number of scholarships available will vary from year-to-year based on the availability of funds from the annual budget.

### §3 (Timeline)

- I. The duration of the exchange program is for between one and two semesters.
- II. Exchange students may submit an application twice each academic year. The application deadline will be on around **the end of the May** and October after UMAP IS finished its placement (as shown in the timeline chart below).
- III. UMAP Taiwan NS will contact applicants who successfully applying to be an exchange student via email.

**Timeline Chart**

| Semester        | Timeline           | What applicants do?   |
|-----------------|--------------------|---|
| Fall semester   | <b>End of May.</b> | After UMAP IS finished 2nd cycle placement, UMAP IS will contact eligible applicants via email to ask them send the Appendix to UMAP Taiwan NS ( <a href="mailto:umaptaiwan@gmail.com">umaptaiwan@gmail.com</a> ).    |
|                 | <b>End of June</b> | UMAP Taiwan NS will notify award recipients regarding the results of applications via E-mail.   |
| Spring semester | End of Oct.        | After UMAP IS finished 2nd cycle placement, UMAP IS will contact eligible applicants via email to ask them to send the Appendix to UMAP Taiwan NS ( <a href="mailto:umaptaiwan@gmail.com">umaptaiwan@gmail.com</a> ). |
|                 | End of Nov.        | UMAP Taiwan NS will notify award recipients regarding the results of applications via E-mail.   |

## §4 (Eligibility Criteria)

To be eligible for this scholarship, all applicants must meet the following requirements:

- a. All applicants must have successfully applied for Program A & B.
- b. The applicant must be an outbound UMAP exchange student in Taiwan or an inbound UMAP exchange student from another country/territory to Taiwan.
- c. The applicant cannot be an overseas Chinese student who is currently receiving any financial aid or scholarship from the Taiwan government.
- d. The applicant cannot be an international exchange student who is currently studying in Taiwan.

## §5 (Application)

- I. The following materials must be submitted when making an application:
  - a. Application Form (See Appendix 1)
  - b. Photocopy of the applicant's passport AND home university student ID.
  - c. Brief autobiography (in English) (See Appendix 1)
  - d. Statement of purpose (in English) (See Appendix 1)
  - e. Official transcript from their home university
  - f. Other documentary evidence of outstanding achievements, or certificates(optional)
- II. **All applicants must submit certified copies of all required documents to UMAP Taiwan NS by email ([umaptaiwan@gmail.com](mailto:umaptaiwan@gmail.com)).**

## §6 (Procedures)

- I. Applications will be sent to UMAP Taiwan NS for the preliminary review and all qualified applications will be submitted to the Department of International and Cross-strait Education of Ministry of Education, R.O.C. for final review.
- II. Successful Award Recipients will be notified of the results of their application via E-mail from UMAP Taiwan NS within one month.

## §7 (Responsibilities of Exchange Students)

- I. UMAP Taiwan NS will distribute the scholarship money to all successful applicants. Each recipient's scholarship will be paid in two payments: of 70% and 30%. The distribution will be made by wire transfer at the beginning and end of each semester, and the recipients will be responsible for providing required documents and paying any associated handling fee.
- II. UMAP exchange students must submit certified copies of the following documents to UMAP Taiwan NS by registered mail at the beginning of the semester to receive their first scholarship payment (70%):
  - a. Certification of their registration at the host university.
  - b. Personal bank account information (name, bank account number and swift code, and other required remittance data)
  - c. Two photocopies of the signed and dated Receipt.

- III. At the end of the semester, or after they complete their exchange, UMAP exchange students must submit certified copies of the following documents to UMAP Taiwan NS by registered mail, in order to claim the remaining payment (30%) of their scholarship:
- A completed UMAP Credit Transfer Scheme (UCTS) (Appendix 2)
  - Official Transcript from their host university with satisfactory scores
  - Two photocopies of the signed and dated Receipt (Appendix 3)
  - A Study Report on the Exchange Student Program for the previous semester (Appendix 4)

§8 (Additional Requirements Governing Applicants)

- All exchange students must return to their home country after they finish their studies. Exchange Students are required to resume their studies at their home university in the following semester.
- Students who are awarded an UMAP but who then do not go aboard to study will be regarded as losing their right to receive this scholarship.
- Students who are awarded an UMAP who fail to complete their exchange program must return the scholarship money pertaining to the remaining uncompleted part of the program to UMAP Taiwan NS.
- Students will be legally responsible for all consequences resulting from any violations of the regulations.
- UMAP inbound exchange students who are recipients of an award for an exchange of more than six months are required to join Taiwan's National Health Insurance Program. Before arriving in Taiwan, they need to purchase their own student health and accident insurance and other relevant insurance to ensure they have coverage before Taiwan National Health Insurance Program is activated.
- The UMAP participating university should assist UMAP Taiwan NS to acquire the exchange student's personal record or other necessary information if a UMAP Board Meeting requests UMAP Taiwan NS to make a report on the outcomes of this scholarship or for other purposes. UMAP exchange students will automatically become UMAP alumni after completing their scholarship programs.



# TAIWAN EXCHANGE STUDENT PROGRAM SCHOLARSHIP

National Secretariat | Tel: +886-2-2905-6370 | Fax: +886-2-2905-7174 | E-mail: umaptaiwan@gmail.com  
 No. 510, Zhongzheng Rd., Xinxhuang Dist., New Taipei City 24205, Taiwan(R.O.C.) | Fu Jen Catholic University

(Appendix 1)

## Student Scholarship Application Form

Application Date: \_\_\_\_\_

| Student Personal Information  |   |  |   |
|---|---|--|---|
| Applicant Name: (ENGLISH, as appears in the passport)   |   |  |   |
| (First)   | (Middle)  | (Last)   |   |
| (CHINESE)   |   | (If Any)   |   |
| E-Mail:   |   | Date of Birth: _____<br>(yyyy) / (mm) / (dd)                                   |   |
| Nationality:  |   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female          |   |
| Degree & Major:   |   | Graduate Year:   |   |
| Exchange Semester & Year:   |   | G.P.A.: _____<br>(Home University Previous Semester)                           |   |
| Home Institution:   |   | Home Country:  |   |
| Adviser:  |   | Adviser : _____<br>E-mail : _____  |   |
| Home institution<br>Student ID Number :   |   | Contact Number:  |   |
| Host Institution:   |   | Host Country:  |   |
| Host Institution<br>Student ID Number :   |   | Phone Number:  |   |
| School / Intended Major:  |   |  |   |
| Period of Exchange Study: From _____ / _____ / _____ To _____ / _____ / _____<br>(yyyy) (mm) (dd) (yyyy) (mm) (dd)                          |   |  |   |
| <b>Please keep in mind that only those who comply with the below standards are permitted to apply : <input checked="" type="checkbox"/></b> |   |  |   |
| <input type="checkbox"/> I am not a scholarship awarded oversea Chinese student.  |   | <input type="checkbox"/> I am not an international exchange student in Taiwan. |   |
| Chronic Diseases (If any, please specify) :   |   |  |   |
| Language Proficiency  | Level (Excellent, Good, Fair)<br>Certification Required                 | Language Proficiency   | Level (Excellent, Good, Fair)<br>Certification Required |
|   |   |  |   |
|   |   |  |   |
| Materials   | <input type="checkbox"/> Application Form                               |  |   |
|   | <input type="checkbox"/> Photocopy of Passport                          |  |   |
|   | <input type="checkbox"/> Photocopy of Student ID Card (Home University) |  |   |
|   | <input type="checkbox"/> Autobiography                                  |  |   |
|   | <input type="checkbox"/> Statement of purpose within 300 Words          |  |   |
|   | <input type="checkbox"/> Relevant Certificates                          |  |   |
|   | <input type="checkbox"/> Official Transcript                            |  |   |
| <input type="checkbox"/> Others   |   |  |   |



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## Autobiography (minimum 300 words)



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## Statement of Purpose (minimum 300 words)

**I certify that I have completed all the information and that it is true and correct to the best of my knowledge and grant permission for this information to be shared with the UMAP Taiwan National Secretariat and UMAP Board Committee.**

**I am also aware that I will not receive a scholarship, if I do not turn in my reports or I fail to finish the exchange program.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## UMAP Office Use Only

|                           |    |   |                       |
|---------------------------|----|---|-----------------------|
| Materials                 | I  | <input type="checkbox"/> Application Form<br><input type="checkbox"/> Photocopy of Passport<br><input type="checkbox"/> Photocopy of Student ID Card (Home University)<br><input type="checkbox"/> Autobiography (min. 300 Words)<br><input type="checkbox"/> Statement of Purpose<br><input type="checkbox"/> Relevant Certificates<br><input type="checkbox"/> Official Transcript<br><input type="checkbox"/> Others |                       |
|                           | II | <input type="checkbox"/> Admission Letter from Host University<br><input type="checkbox"/> UMAP Credit Transfer Scheme (UCTS)<br><input type="checkbox"/> Two copies of UMAP Receipt<br><input type="checkbox"/> Exchange Program Study Report within 500 Words<br><input type="checkbox"/> Photocopy of Postal Passbook/Account Book cover (Taiwan Students)   |                       |
|                           |    | National Secretariat Office   | Ministry of Education |
| Signature / Official Seal |    |   |                       |

(Appendix 2)

## UMAP standard application form and study plan using UCTS

### 1. STUDENT'S PERSONAL DATA

(NOTE: To be completed by the student. The information provided in this form will be treated in confidence by the home and host institutions. Data from the form may be used for UMAP/UCTS statistical purposes, but only in an aggregated and non-identifiable manner.)

Student's Name: \_\_\_\_\_ (Gender: M / F) Student ID Number : \_\_\_\_\_ University year: \_\_\_\_\_  
 Home Institution: \_\_\_\_\_ Home Country: \_\_\_\_\_ Degree & Major: \_\_\_\_\_  
 Host Institution: \_\_\_\_\_ Host Country: \_\_\_\_\_ Exchange Semester & Year: \_\_\_\_\_  
 Language Proficiency: (name of Language) \_\_\_\_\_ (Level) \_\_\_\_\_ Health Insurance: \_\_\_\_\_

### 2. DETAILS OF THE PROPOSED UMAP STUDY PLAN – SEMESTER 1 (        ~        )

(NOTE: To be completed and signed by student and counter-signed by the academic advisor/ staff members of both institutions.)

| Course number, Title and weekly T.H. (Teaching hours) and S.W. (Student's total workload, including T.H.) |                  |                       |                         | Credits |                       |        |      |        |      |
|---|------------------|-----------------------|-------------------------|---------|-----------------------|--------|------|--------|------|
| Course #  | Host Institution |                       | (your) Home Institution |         | HOST                  |        | HOME |        |      |
|   | Title            | T.H. (S.W)<br>* weeks | Course #                | Title   | T.H. (S.W)<br>* weeks | Credit | UCTS | Credit | UCTS |
|   |                  | (   )                 |                         |         | (   )                 |        |      |        |      |
|   |                  | (   )                 |                         |         | (   )                 |        |      |        |      |
|   |                  | (   )                 |                         |         | (   )                 |        |      |        |      |
|   |                  | (   )                 |                         |         | (   )                 |        |      |        |      |
|   |                  | (   )                 |                         |         | (   )                 |        |      |        |      |
|   |                  | (   )                 |                         |         | (   )                 |        |      |        |      |
|   |                  | (   )                 |                         |         | (   )                 |        |      |        |      |
|   |                  | (   )                 |                         |         | (   )                 |        |      |        |      |
|   |                  | (   )                 |                         |         | (   )                 |        |      |        |      |

\*NOTE: Number of instruction weeks for that academic semester/term, excluding both reading and examination week(s)

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### 3. DETAILS OF THE PROPOSED UMAP STUDY PLAN — SEMESTER 2 ( \_\_\_\_\_ ~ \_\_\_\_\_ )

(NOTE: To be completed and signed by student and counter-signed by the academic advisor/ staff members of both institutions.)

| Course number, Title and weekly T.H. (Teaching hours) and S.W. (Student's total workload, including T.H.) |       |                         |          | Credits |                       |        |      |
|---|-------|-------------------------|----------|---------|-----------------------|--------|------|
| Host Institution  |       | (your) Home Institution |          | HOST    |                       | HOME   |      |
| Course #  | Title | T.H. (S.W)<br>* weeks   | Course # | Title   | T.H. (S.W)<br>* weeks | Credit | UCTS |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |
|   |       | ( )                     |          |         | ( )                   |        |      |

\*NOTE: Number of instruction weeks for that academic semester/term, excluding both reading and examination week(s)

Note: If necessary, continue the list on a separate sheet, including any changes to the approved program, which must be signed and counter-signed.

Student's signature: \_\_\_\_\_ Date : \_\_\_\_\_

We confirm that the proposed program of study plan is approved.

|  |   |
|--|---|
| Home institution's academic advisor/ staff member<br>Signature: _____<br>Title: _____<br>Date: _____ | Host University's academic advisor/ staff member<br>Signature: _____<br>Title: _____<br>Date: _____ |
|--|---|



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(Appendix 3) **NOTE: PLEASE MAKE TWO COPIES**

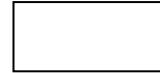
## Certification

|  |   |        |
|--|---|--------|
| Name: (ENGLISH, as appears in the passport)  |   |        |
| (First)  | (Middle)  | (Last) |
| Passport No:   | Date of Birth: _____<br>(yyy) / (mm) / (dd)   |        |
| E-mail:  | Phone No.:  |        |
| Home University (Address included):  |   |        |
| Host University (Address included):  |   |        |
| Period of Exchange Study: From _____ / _____ / _____ To _____ / _____ / _____<br>(yyyy) (mm) (dd) (yyyy) (mm) (dd) |   |        |
| Signature: _____ Date: _____<br>(yyyy) (mm) (dd)   |   |        |
| <b>Office Use Only</b>   |   |        |
| <b>International Office of Host University</b>   |   |        |
| (Seal Here)  | <ol style="list-style-type: none"> <li>1. Please confirm that all the information is complete.</li> <li>2. Please use school official seal to confirm that the student's information is true and correct.</li> <li>3. Please return to the student after confirmation.</li> </ol> |        |
| Signature: _____ Date: _____   |   |        |



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## Receipt

Acknowledgement of receiving 20\_\_ UMAP Student Exchange Scholarship

NTD\$ \_\_\_\_\_

from Ministry of Education, Taiwan

Host University :

Home University :

Passport Number :

Applicant's  
Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
(mm,dd,yyyy)



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(Appendix 4)

## Study Report

### Basic Information

Applicant Name:

E-Mail:

Home University:

Host University:

Period of Exchange Program: From                    /                    /                    To                    /                    /  
(yyyy)                    (mm)                    (dd)                    (yyyy)                    (mm)                    (dd)

### Study Report/Feedback (minimum 500 words)