

Academy of Chinese Culture and Health Sciences  
**Retake Comprehensive Examination Application Form**  
 累積考試（補考）申請表

Student Name 學生姓名: \_\_\_\_\_

Class 班級: \_\_\_\_\_

Did you complete all required courses? 你是否已完成所要求得課程? Yes 完成  No 沒有完成

Exam Date 考試日期: \_\_\_\_\_

**Which part of the exam do you plan to take (retake)? 你要參加哪個累積考試:**

	Pre-Comp.	Basic Comp.	Final Comp.
Written	English <input type="checkbox"/> 中文 <input type="checkbox"/>	English <input type="checkbox"/> 中文 <input type="checkbox"/>	English <input type="checkbox"/> 中文 <input type="checkbox"/>
Herb ID	English <input type="checkbox"/> 中文 <input type="checkbox"/>	English <input type="checkbox"/> 中文 <input type="checkbox"/>	
Case Study		English <input type="checkbox"/> 中文 <input type="checkbox"/>	

**Fee:**

**Make-Up 補考:**

Pre (Written) \$50.00

Basic (Written) 筆試 \$80.00

Basic (Clinical) 臨床 \$40.00/each

Final (Written) 筆試 \$110.00

**Total:** \_\_\_\_\_

Student Signature 學生簽名: \_\_\_\_\_

**For Office Use Only 教務處專用**

Application Approved       Application Denied       Note: \_\_\_\_\_

Date: \_\_\_\_\_      Paid: \_\_\_\_\_      CK#: \_\_\_\_\_      Rcpt#: \_\_\_\_\_