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| **115年度 物理治療實習申請表**  **申請組別:**  **□ A 制(水療) (請選A3~A7)**  **□ B 制甲組 (骨科+神經) (請選填B1或B3)**  **□ B 制乙組 (小兒+床邊)(請選填B1.B2.B3)**  **是否有申請其他組別:**  **□有申請，是**  **□無申請。** | | | | |
| **姓名** |  | **性別** |  | **相片** |
| **學校** |  | | |
| **電話** |  | | |
| **email** |  | | |
| **欲申請**  **時段** | B1 B2 B3 \_\_\_\_\_  A3 \_\_\_\_\_ A4 \_\_\_\_\_ A5 \_\_\_\_\_ A6 \_\_\_\_\_ A7\_\_\_\_\_\_  **(請依優先順序填寫1, 2, 3… 順序)** | | | |
| **簡歷** |  | | | |