**高雄醫學大學口腔醫學院全英語授課課程成果報告**

附表三

**Kaohsiung Medical University College of Dental Medicine**

**Report of English-Instructed Course**

**申請日期(Date of Application)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **基本資料** | | | | | | |
| **授課教師姓名 Name of the Instructor** | |  | | | **職稱 Position** | **□教授Professor □副教授Associate Professor □助理教授Assistant Professor □講師Lecturer** |
| **課程開課單位 Couuse College/Department** | |  | | | **開課學年/學期 Academic year and semester** | **\_\_\_學年度Academic year  \_\_\_學期Smester** |
| **學分數 Credits** |  | **必修/選修 Required/ Elective** | | **□必修Required □選修Elective** | **修課人數(預估) Estimated numbers of students** | **本國生人數：\_\_\_\_\_\_\_ 境外生人數：\_\_\_\_\_\_\_** |
| **全英語課程名稱 Course Title** | | **中文 Chinese** |  | | | |
| **英文 English** |  | | | |
| **申請教師授課主題 Topic** | | **中文 Chinese** |  | | | |
| **英文 English** |  | | | |
| **成果報告繳交(自我檢核) Self-Check** | | | | | | |
| **※請確認以下項目已提供，已提供者請於□打V  □繳交至少一週之課程完整錄製影像(如evercam)以供觀課學習及審查。  Please provide at least one video recording of the class observation and review.  (Video請上傳雲端空間後，提供可下載檔案之連結。Please upload your video to the cloud and provide**  **the link to the video. )  檔案下載連結：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **授課教師簽章 Signature of the Instructor(Applicant)** | | | **教師補助任務組召集人簽章 Signature of the Convener of the Teacher Incentive Team** | | | **院長簽章 Signature of the Dean of   the College of Dental Medicine** |
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