**高雄醫學大學口腔醫學院全英語授課教師補助申請表**

附表一

**Kaohsiung Medical University College of Dental Medicine**

**Grant Application Form of English-Instructed Course**

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

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| **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CourseCollege/Department** |  | **開課學年/學期Academic yearand semester** | **\_\_\_學年度Academic year\_\_\_學期Semester** |
| **學分數Credits** |  | **必修/選修Required/Elective** | **□必修Required□選修Elective** | **修課人數(預估)Estimated numbersof 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** |  |
| **申請資料繳交 Application Submission** |
| **※請確認以下項目已提供，已提供者請於□打V□繳交英文版課程大綱與進度表。Please provide the Course Syllabus and Schedule in English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 Convenerof the Teacher Incentive Team** | **院長簽章Signature of the Dean of  the College of Dental Medicine** |
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