**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)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 Course College/Department** | |  | | | **開課學年/學期 Academic year and 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 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** |  | | | |
| **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 Convener of the Teacher Incentive Team** | | | **院長簽章 Signature of the Dean of   the College of Dental Medicine** |
|  | | |  | | |  |