**I-SHOU UNIVERSITY**

Appendix 1

**Application Form for Student Industry-oriented Practical Research Projects in**

Application No.:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Category | □ Industrial Practice  □ Medical Practical Research | | | | |
| Partner  (Medical practical research:  optional) | Name: | | | | |
| Contact Person: | | | Academic Rank: | |
| Email: | | | Mobile: | |
| Signature of the Supervisor | Name: | | | Academic Rank: | |
| Dept.: | | | Mobile: | |
| Email: | | | | |
| Team Members | Name | Student No. | Mobile | | Email |
| Leader |  |  |  | |  |
| Member |  |  |  | |  |
| Member |  |  |  | |  |
| Member |  |  |  | |  |
| Member |  |  |  | |  |
| Member |  |  |  | |  |
| Member |  |  |  | |  |
| Signature of the Supervisor |  | | Signature of the Department Chair | |  |
| Preliminary Examination  (For official use only) | Date of Receipt: | | | | |
| Date: YYYY / MM / DD | | | | | |