**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 |