**Application Form**

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| **PERSONAL INFORMATION** | | | | | | | |
| First Name |  | | | Middle Name | |  | |
| Family Name |  | | | | | | |
| Date of Birth | (DD-MM-YYYY) | | | | Gender | ○ Male ○ Female | |
| E-mail address |  | | | | | | |
| Contact Phone |  | | | | | | |
| Contact Address |  | | | | | | |
| English proficiency | * Fluent ○ Good ○ Fair ○ Poor | | | | | | |
| **NATIONALITY AND RESIDENCE** | | | | | | | |
| Country of Residence | | |  | | | | |
| Passport No. | | |  | | Place of Issue | |  |
| Date of Issue | | | (DD-MM-YYYY) | | Date of Expiry | | (DD-MM-YYYY) |
| Please attach a scanned copy of your passport (ID Page) (JPEG image or PDF file) | | | | | | | |
| **EDUCATION BACKGROUND** | | | | | | | | |
| Affiliation (Institute/ University/Company) | |  | | | | | | |
| Current Position | |  | | | | | | |
| Highest Degree | |  | | | | | | |
| Majoring Field | |  | | | | | | |
| **Please attach your CV and the 1-page statement of purpose for this symposium.** | | | | | | | | |

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| **EMERGENCY CONTACT** | |
| Full Name |  |
| Relationship |  |
| Contact Phone |  |
| Contact Address |  |
| E-mail |  |
| **DECLARATION**  I certify that the information I have provided in this application is complete and correct. I understand that any misrepresentation, omission, or submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment, and/or disciplinary action at a future date. If my application is accepted, I agree to abide by the policies, rules, and regulations of the Republic of China and National Tsing Hua University.  Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

※ All documents should be sent to the College of Nuclear Science by e-mail **NO LATER THAN** July 25th, 2014. An acknowledgement letter will sent to you after receiving the complete documents.

* **Contact Information：**

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National Tsing Hua University

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