附件二

儀器設備訓練課程申請表
Facility Training Program Application

|  |  |
| --- | --- |
| （打✓部分請務必填寫） |  |
| * 申請訓練之儀器設備名 (Facility Name)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * 申請人姓名 (Applicant Name)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * 申請人年級 (Professional Title/ Grade)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(eg. 1st year of master)
 |
| * 申請日期 (Application Date)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(yyyy/mm/dd)
 |
| * 申請使用單位 (Institute)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * 儀器使用經驗 (Experience in operating this instrument)：
 |
| □從未使用(Never) |  |
| □使用時數小於10小時 (Less than 10 Hours) |  |
| □使用時數大於10小時 (Longer than 10 Hours) |  |
| * 聯絡電話 (Phone Number)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * 聯絡Email (Email Address)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * 指導教授簽章 (Signature from Advisor)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 門禁權限(Entrance Permission) |
| * 申請人學號／教職員證號(Student/Staff ID Number)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * 門禁期間(Permission Period)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Written by HiGEM Staff)
 |
| * 授課人簽章(Signature from Training Coordinator)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Written by HiGEM Staff)
 |
| 備註及說明(Note)： |