

Foreign Education Information Sheet for the Faculty Qualifications Review

Name of applicant	Chinese		English	
Highest education in Taiwan (R.O.C.)	University (college): Department (graduate institute): Year of graduation:			
The institution which awarded the degree/diploma	Chinese		Location	Country
	English			Region (state/province)
Title of degree/diploma	Chinese	<input type="checkbox"/> 1. Ph.D. <input type="checkbox"/> 2. Master's degree <input type="checkbox"/> 3. Diploma	Degree/diploma admission qualification	
	English		Time of graduation	____ (yyyy) / ____ (mm)
How was the degree /diploma obtained?	<input type="checkbox"/> 1. Completing courses and writing a thesis/dissertation <input type="checkbox"/> 2. Completing courses without writing a thesis/dissertation <input type="checkbox"/> 3. Completing a thesis/dissertation without taking courses <input type="checkbox"/> 4. Other, please specify: _____			
Period of study	From ____ (yyyy) / ____ (mm) To ____ (yyyy) / ____ (mm)			
Period of study by semester (quarter)				
First semester (quarter)	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Summer Session		From ____ (yyyy) / ____ (mm) To ____ (yyyy) / ____ (mm)	
Second semester (quarter)	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Summer Session		From ____ (yyyy) / ____ (mm) To ____ (yyyy) / ____ (mm)	
Third semester (quarter)	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Summer Session		From ____ (yyyy) / ____ (mm) To ____ (yyyy) / ____ (mm)	
Fourth semester (quarter)	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Summer Session		From ____ (yyyy) / ____ (mm) To ____ (yyyy) / ____ (mm)	
Fifth semester (quarter)	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Summer Session		From ____ (yyyy) / ____ (mm) To ____ (yyyy) / ____ (mm)	
Sixth semester (quarter)	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Summer Session		From ____ (yyyy) / ____ (mm) To ____ (yyyy) / ____ (mm)	
Seventh semester (quarter)	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Summer Session		From ____ (yyyy) / ____ (mm) To ____ (yyyy) / ____ (mm)	
Eighth semester (quarter)	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Summer Session		From ____ (yyyy) / ____ (mm) To ____ (yyyy) / ____ (mm)	
Entry and departure records before/during/after study (Date format: yyyy/mm)				
Departure		Departure		Departure
Entry		Entry		Entry
Departure		Departure		Departure
Entry		Entry		Entry
Departure		Departure		Departure
Entry		Entry		Entry
Supplementary remarks by applicant		Signature by applicant		Review result
		I hereby accept full responsibility if any of the information provided above is found to be false or inaccurate.		