**學年度 學期整合義联集團資源開設課程申請表**

Application for Courses Integrated with E-United Group Resources in the \_\_\_\_Semester of Academic Year \_\_\_\_\_\_\_

申請日期Application Date： 年/Y 月/M 日/D

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| --- | --- | --- | --- | --- | --- |
| 開課系級Dept. |  | 課程代碼Course Code |  | 科目名稱Course Title |  |
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| 學分/時數Credits/Hours | / | 必/選修Required/Selective |  | 上課時間Class Time | 星期Mon.~Sun. |  節Class Period |
| **□多位教師合開課程**（檢附「授課計畫表」）Multiple Instructor Course (Please attach “Course Outline.”)集團業界專家教師人數： 位，鐘點分配： （授課教師須依規定以兼任教師程序聘請） 授課時間： 年 月 日~ 年 月 日(星期：　　時間：　~　　)Number of instructors from the enterprises: \_\_\_\_\_\_; teaching hours allotment :\_\_\_\_(The instructors are to be hired based on the adjunct instructor employment procedure.)Class time: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ (Y/M/D)~ \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ (Y/M/D) (Day: Time: \_\_\_\_~\_\_\_\_)**□開設模組教學課程**（檢附「授課計畫表」及「模組教學課程教師授課一覽表」）集團業界專家協助教學週次： （授課教師不須發聘，鐘點費以領據方式請領） Course of Teaching Module Design (Please attach “Course Outline” and “Teacher List of Courses of Teaching Module Design.”) Number of teaching weeks by enterprise professionals: \_\_\_\_\_ (the instructors can be hired without employment procedure; the hourly payment is collected by receipts.)教師應具備專長Professional specialties required for the instructions are： |
| **□校外實習**(檢附實習計畫書) Off-campus internship (Please attach “Internship Plan.”) **□校外教學參訪** Off-campus teaching and visits(1)機關名稱/Institute： 單位名稱/Section： 學生人數/Number of students： 校外教學參訪(實習)日期： 年 月 日~ 年 月 日(星期：　　時間：　~　　)Duration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Y/M/D)~ : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Y/M/D) Time: \_\_\_\_\_:\_\_\_\_ ~ \_\_\_\_\_:\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_ (Mon.~Sun.) 參訪(實習)目的Objectives of the teaching and visits ( internship)：(1)機關名稱/Institute： 單位名稱/Section： 學生人數/Number of students： 校外教學參訪(實習)日期： 年 月 日~ 年 月 日(星期：　　時間：　~　　)Duration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Y/M/D)~ : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Y/M/D) Time: \_\_\_\_\_:\_\_\_\_ ~ \_\_\_\_\_:\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_ (Mon.~Sun.) 參訪(實習)目的Objectives of the teaching and visits ( internship)： |
| **系主任****Chairman of the Department** | **院長(中心主任)****Dean of the College (Director of the Center)** |
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備註：本申請表連同相關檢附資料送至課務組彙整後，轉交創新育成暨產學合作中心續辦。

Remark: this application form and the attached documents are to be collected in the Curriculum Section and transferred to Innovation Incubation Center for further processing.