胸腔疾病教學獎申請表(被推薦)

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| 一、基本資料 | | | | | | | | | | | | | |
| 姓名 | |  | | | | 性別 |  | 出生日期  (民國) | | | 相片 | | |
| 電話 | | O |  | | | E-mail |  |  | | |  | | |
| H |  | | |
| 地址 | |  | | | | | | | | |
| 二、學歷 | | | | | | | | | | | | | |
| 學校 | | | | 國別 | | 科系 | | | | | 學位 | | 起訖年月 |
|  | | | |  | |  | | | | |  | |  |
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| 三、現職與經歷 | | | | | | | | | | | | | |
| 服務機關 | | | | | | 服務部門/系所 | | | | 職稱 | | 起訖年月 | |
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| 四、推薦人理由 | | | | | | | | | | | | | |
| 推 薦 人 | 推薦人姓名 | | | |  | | | | | | | | | |
| 服務機關 | | | |  | | | | 職稱 | |  | | | |
| 聯絡電話 | | | |  | | | | | | | | | |
| 推薦理由說明  （請具體敘述被  推薦人之教學卓越表現） | | | |  | | | | | | | | | |
| 五、胸腔疾病教學表現佐證 | | | | | | | | | | | | | |
| 1. 教學計畫或課程設計相關資料 2. 教學評量紀錄（如學生滿意度調查、同儕評鑑等） 3. 相關證明文件（如得獎、聘書、照片等） 4. 其他有助於審查之資料   請自行增加欄位 | | | | | | | | | | | | | |