**臺北醫學大學提昇課程品質發展獎勵申請表**

**Taipei Medical University Reward Application Form for Enhancement of Development of Teaching Quality**

**(全英語授課) Full English Curriculum**

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| --- | --- | --- | --- | --- |
| **主授教師姓名****Instructor** |  | **收件編號****Application Acceptance No.** |  | **本欄由****教學資源中心****填寫****This column is only for Teaching Resource Center** |
| **職稱****Title** |  | **收件日期Application Acceptance Date****(yyyy/mm/dd)** |  |
| **申請單位****Department** | □ 北醫 (TMU)：　　　　　　　　　　　學院(College)　　　　　　　　　　 系/所/學位學程 (School / Graduate Institute / Program)□ 附醫 (Taipei Medical University Hospital)　□萬芳 (WanFang Hospital)□ 雙和 (Shuang Ho Hospital)　　　　　　　　　　　　　 科／中心 (Department/Center) |
| **連絡電話****Contact Number** | 校內分機(EXT)　　　　 行動電話(Pone)　　　　　　　 | **E - mail** |  |
| **課程中文名稱(Course Title in Chinese)：** | **課程英文名稱(Course Title in English)：** |
| □必修(Required Subject)　□選修(Elective Subject) ／開課單位(Units of Curriculum)　　　　　　　　／年級(Grade) 　　／班別(Class)　　／學分數(Credits) 　　 |
| **課程類別(**Category of Curriculum**)：**□專業 (Professional)　□基礎 (Fundamental)　□通識 (Liberal Art) | **課程代碼(**Course Code**)：** |
| **檢附資料****(Attachments)** | □**授課進度表(**Teaching Schedule Form**)** □**學生名冊(**Name list of students**)** |
| **主授教師****Instructor** | **學生簽名****Student’s Signature** | **開課單位主管****Course Department Manager** |
|  | 確認本課程每堂均以全英語授課由修讀本課程學生至少三人簽名Please Confirm each lesson of curriculum which is taught in English.At least three students who study this curriculum have to sign in. |  |

備註：1.教師授課及研討皆採用英語方式、上課人數達三人(含)以上，且教學評量成績達4.0以上者，碩士班暨博士班課程額外核予執行教師每門課程以授課教師每小時基本鐘點費0.5倍計之獎勵，學士班課程額外核予執行教師每門課程以授課教師每小時基本鐘點費1倍計之獎勵，如為二位教師以上合授之課程則依實際授課時數比例計算。通識教育中心及各系所學位學程開設之語言類課程與外籍教師授課課程不予適用。

2.主授教師及學生應依實際狀況簽名確認，以示負責。

Note: 1. Teaching and seminars are taught in English, and the number of class is up to three (or more), master and doctroral program will issue additional 0.5 times of basic hourly fee as award for faculty in each course; bachelor’s program will issue additional 1 times of basic hourly fee as award for faculty in each course. For example, if the course is taught by two or more faculties, the hourly fee will be counted on actual hour. Language courses which were established by center for liberal arts and each degree program and courses taught by foreign teachers are not applicable in this application.

2. Main faculty and students shall confirm with signature by actual conditions to take responsibility.

**個資蒐集同意聲明**

Personal Data Collection Agreement

臺北醫學大學(下簡稱本校)依照個人資料保護法第8條規定進行蒐集前之告知，將對您個人資料進行蒐集、處理或利用，依法告知您以下事項，當您簽署本同意書時，表示您已閱讀、瞭解並同意接受本同意書之所有內容及其後修改變更規定。

According to Article VIII of Personal Data Protection Act, Taipei Medical University (hereinafter as TMU) issues its statement of personal data protection and collection agreement to notify you of your responsibilities and rights and solicit your consent to the collection, processing and use of your personal data by TMU. Your signature below indicates that you have read, understood and accepted the contents set forth in this agreement and modification in the future.

1. **個人資料蒐集之目的及用途(Purpose and Use of Basic Information Collection)：**

本校為進行蒐集、處理或利用您個人資料之機構。本校蒐集您個人資料的目的在於進行活動辦理之相關行政作業、各項統計調查與分析、資(通)訊與資料庫管理，主辦單位並將利用您所提供之Email及聯絡電話通知您活動及行政作業之相關訊息。

 TMU is an institution to the collection, processing and use of your personal data. Purpose of basic information collection is to conduct related administrative operation, each statistical survey and analysis, management of information and database. Organizer will use the email and contact number which you provided to inform you relevant information of activities and administrative operation.

1. **蒐集之個人資料類別(Collection of Basic Information Category)：**

含：中英文姓名、性別、聯絡電話號碼、電子郵件信箱、任職單位

Including: Chinese Name, English Name, Gender, Contact Number, Email, Working Units

1. **個人資料利用之期間、地區、對象(Duration, area, object of usage for basic information)：**
2. 期間：您同意參加活動或接受業務行政服務之日起，至活動或業務完成結束後一年為止。

Duration: The day that you agree to participate activity or accept the business administrative service to one year after the end of activity or business.

1. 地區：您的個人資料將用於活動主辦單位提供服務之地區。

Area: Your basic information will be used for the area where organizer provides service.

1. 利用您的個人資料於本校內部各項管理所需之登記及聯繫方式登載，包括各項資訊服務所需進行之個人聯繫資料登記，因活動或行政業務所必需之通訊及緊急聯絡名單之建立。

Use your basic information to publish registration and contact information which were required for each management in TMU, including registration of personal contact information which was required for each information service, and establishment of communications as well as emergency contact lists which are necessary for activities or administrative business.

1. 利用您的個人資料於依法令或遵照教育部及主管機關、司法機關依法所為之要求，依其法定職掌調閱與利用時。

Usage of your basic information shall follow the law or requirements from Ministry of Education, authority and judicial organ, and follow the duty to retrieve and use.

**□ 我同意上述內容 I agree foregoing content**

**簽章Signature：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**