Application Form for Faculty Position

College of Photonics, NYCU

PERSONAL INFORMATION			
Name:	First	Middle, Other	Last (Family)
Date of Birth (mm/dd/yyyy):		Gender: ☐ Male ☐ Female	
Passport No.:		Nationality:	
Mobile No.:		Home Tel:	
Email:			
Home Address: (Postal Code☐☐☐☐☐)			
Mailing Address (if different): (Postal Code☐☐☐☐☐)			

Category of the Appointment:	**Position Sought:**
□ Tenure track by Ministry of Education	□ Full Professor
□ University Project Faculty (yearly)	□ Associate Professor
	□ Assistant Professor

EDUCATIONAL INFORMATION

Institution and Country	Study Period (mm/yyyy~mm/yyyy)	Major Subject	Qualification / Degree	Advisor
			□Bachelor's □Master's□PhD	
			□Bachelor's □Master's□PhD	
			□Bachelor's □Master's□PhD	

EMPLOYMENT DETAILS

Company/Organization Name	Department or Division	Position/Employer	Period of Employment (mm/yyyy~mm/yyyy)

Research Projects Participated

mm/yyyy	Title of the Projects	Institutions	Project Sponsors	Role in Projects

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HONORS and AWARDS	
mm/yyyy	**Honors/Awards**

AREAS OF SPECIALIZATION (RELATED TO YOUR RESEARCH)		

PUBLICATION RECORDS (Numbers of Publications)

Total: ____ Journal Papers/Transactions (year_____ ~ year_____); First Author: _____; SCI-indexed: _____

Books: _____; Book Chapters: _____; Patents Obtained: _____ ; Patents Pending: _____

REFERENCES(who to support the recommendation Letters)

	Name	Position	Company/ Organization	Contact Tel. and Email
1				
2				
3				

COURSE TITLES (Provide 3 ~ 5 courses which can be taught in the College of Photonics, NCTU.)		

Signature: **Date:**