**Collaboratively Teaching Industry Expert’s Résumé & Course Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | Hiring department or graduate institute | | |  | | | | | | | | | | | | | | | Date | |  | | |
| Gender | | * Male * Female | | ID card number | | |  |  | |  | |  |  | |  | |  |  | |  |  | Contact phone number | |  | | |
| Highest degree obtained  Department or subject of study | |  | | | | | | | | | | | | | | | | | | | | Month & year of graduation | |  | | |
| E-mail | |  | | | | | | | | | | | | | | Do you agree to share your personal information with other colleges and universities as part of the Ministry of Education’s specialized personnel database? | | | | | | | | □yes  □No | | |
| Field of specialization | | □Engineering □Management □Finance □Humanities & society □Medicine, agriculture, or biotechnology □Culture & creativity □Tourism, food & beverage □Other | | | | | | | | | | | | | | | | | | | | | | | | |
| Present position | | Name of Department/Number of employees | | | Present position/Number of years | | | | | | | | | | | | Responsibilities | | | | | | | Practical experience you are able to share | | |
| 1.  2. | | | 1.  2. | | | | | | | | | | | | 1.  2. | | | | | | | 1.  2. | | |
| Characteristics of present company | | Company/Location | | | Main products or services | | | | | | | | | | | | Major collaborating companies | | | | | | | Main clients served | | |
|  | | | 1.  2. | | | | | | | | | | | | 1.  2. | | | | | | | 1.  2. | | |
| Mailing address | | □□□ | | | | | | | | | | | | | | | | | | | | Home phone number | |  | | |
| Home address | | □□□ | | | | | | | | | | | | | | | | | | | | Cell phone number | |  | | |
| Emergency contact person | |  | | Contact number | | |  | | | | | | | | | | | | | | | Relationship | |  | | |
| Candidate’s signature | |  | |  | | | | | **※ The information on this form is correct. I am willing to take legal responsibility.** | | | | | | | | | | | | | | | | | |
| Semester | Class | | Course name | | | | | | | | Number of credits | | | Hours per week | | | | | Number of instructional weeks | | | | Total number of collaboratively teaching hours | | | Originally assigned course instructor |
| Course number | | | | | | | |
|  |  | |  | | | | | | | |  | | |  | | | | | Week number \_\_\_ | | | |  | | |  |
|  | | | | | | | |
| Course syllabus  (State in list format) | | | Part of course collaboratively taught with industry expert | | | | | | | | | | | | | | | | | | | | | | | |
| Expected instructional outcomes  ( State in list format) | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Chair of Department or Graduate Institute | | | Dean of College | | | Staff at Project-Control Section | | | | | | | | | | | | | Head of Project-Control Section | | | | | | Dean of Academic Affairs | |
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※ Collaboratively teaching hours per course during each semester (18 weeks) may not exceed 1/3 of the total number of instructional hours. Industry instructors may teach collaboratively a maximum of two courses.

**Syllabus of Industry Expert Collaboratively Teaching Course for the \_\_\_\_ Semester of the \_\_\_\_ Academic Year**

|  |  |  |
| --- | --- | --- |
| Department (Graduate institute)  offering course |  | |
| Name of collaboratively teaching course |  | |
| Full-time Instructor |  | |
| Industry Expert |  | |
| Number of hours and weeks of collaborative teaching |  | |
| **Course Syllabus**  (State in list format) | Part of course taught by full-time instructor |  |
| Part of course taught by industry expert |  |
| **Expected**  **Instructional**  **Outcomes**  (State in list format) |  | |
| Notes |  | |

Note： Please attach a copy of handout/s or report/s.