**2024 International Students Joint Research Program**

**Application Form (AF)**

Please TYPE in every column of the form with correct information. Any unclear or false information will reduce the eligibility of application. The words marked in gray color in the columns are provided as hints of how to fill out the information expected. There is No need to keep them when you have filled out with proper information.

|  |
| --- |
| **Personal Information** |
| First Name |  | Last Name |  | Photo (Headshot) |
| Gender | Male/Female |
| Date of Birth | MM/DD/YYYY |
| Nationality |  |
| Email |  |
| Contact No. |  |
| Current Address |  |

|  |
| --- |
| **Passport Information** |
| Number |  | Place of Issue |  |
| Date of Issue | MM/DD/YYYY | Expiration Date | MM/DD/YYYY |

|  |
| --- |
| **Current Academic Information** |
| Institution |  |
| Department |  |
| Address |  |
| Current Degree Program | Master / PhD |
| Field of Study |  |

|  |
| --- |
| **Research Topic Preference** |
| Please select ONE interested topic below:□ AI technology-based researches for data processing and classification – hyperspectral □ Study on devices fabrication of micro/nano optics□ Semiconductor technology related process & equipment development□ Biochips, in-vitro diagnostic devices (IVD) and cell culture |

|  |
| --- |
| **Objective for Participation** |
| Please specify your motivation and expectation to the International Students Joint Research Program. Namely, why do you want to take part in the program, and what do you expect to gain from the program? |

|  |
| --- |
| **Description of Current Studies** |
|  |

|  |
| --- |
| **Advisor’s Information** |
| Approval of your current professor is required. After completing all the information above in this application, advisor’s information has to be filled in and he/she has to sign up in the signature column. |
| Name |  |
| Institution |  |
| Department |  |
| E-mail Address |  |
| Contact No. |  |
| Advisor’s Signature |  |

**I have read this program announcement and application guidelines in detail and if accepted, agree to comply with the conditions stated herein. In addition, I certify that the information provided on this application is true, complete and accurate.**

**Signature of the Applicant: Date:**

Upon completing the form, please send the scan copy of this application to the program coordinator at tiri\_hr@tiri.narl.org.tw before the due submission deadline.

**-END OF FORM-**