Date received:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant’s Name |  | ID or Passport No. |  |  |  |  |  |  |  |  |  |  |
| Dept./Institute  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Ph.D. student
* Master’s student
 | Student ID No. |  |
| * Working full-time

Employer： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Non-working/working part-time
 |
| Phone No. | (Office) |  | Highest Level of Education Completed |  |
| (Cellular) |  |
| E-mail |  |
| Title of Conference  |  |
| Conference Organizer |  |
| Date of Conference | From | / /(mm/dd/yyyy) | Conference Site |  |
| To | / /(mm/dd/yyyy) |
| Field of the Paper |  | Areas of Academic Expertise | 1. |
| 2. |
| Title of the Paper |  |
| Type of Presentation | □ Oral □ Poster □ Others  |
| Will conference organizer provide you any financial support?□No □Yes : □ Transportation NT$ □ Meals and lodging NT$ □ Registration fee NT$ □ Other NT$  |
| \* TCU grant requested：(\*Required)□Transportation NT$　　　　 （Please specify：　　 　　　　　　　　　　　　） |
| Have you applied for any financial support from other organization(s)? | * No
* Yes: Organization： \_\_\_\_\_\_\_\_\_\_

Amount：NT$  |
| Required Documents | 1. Photocopy of letter of acceptance/invitation for paper presentation at the conference.
2. Abstract of the paper to be presented and full paper (The paper should be completed in Taiwan and has not been published, yet).
3. Conference program and other conference related documents.
 |
| Applicant’s Statement | 1. I am applying for this grant in accordance with “TCU Regulations for Subsidies for Master’s and Ph.D. Students.” I have read it thoroughly, promise to comply with it, and fulfill the obligations set forth. Should any violation occur, I will repay the grant.
2. The data in this application and other documents are accurate and complete.
3. The co-authors authorize the applicant to publish this paper in the conference. They do not permit use of this paper to apply for or receive financial support from any organization.

Applicant’s Signature: Date:  |
| Note | The application must be submitted at least a week before the conference date. |

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| --- |
| For Office Use Only |
| Advisor | Department Chair/Institute Director | Results |
|  |  | □ Approved□ Denied |
|  Office of R&D  | Accounting Office |
| Academic Research DivisionVice President |  |

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1. In order for TCU to process your application, we need to collect and process your name, phone number, student ID#, highest level of education completed, E mail, etc.
2. Your rights may be negatively affected, if you provide erroneous, inaccurate, out of date, or incomplete data.
3. If you want to correct your information or exercise other rights provided by Article 3 of the Personal Information Protection Act, you may contact (03)856-5301, ext. 1405 for details.