

NATIONAL CHUNG HSING UNIVERSITY

Academic Work Review Form for Faculty Promotion/Changes of Appointment for the _____ Semester of Academic Year _____

Unit: _____ department/graduate institute	Rank: _____	Name: _____	Date of appointment: ____/____ (MM/YYYY)
Subjects currently taught by the applicant:			
Field of academic expertise:			
Work submitted for review	Title (include the Chinese translation in parentheses if the original title is in a foreign language)		
	Publisher		
	Publication date		Copies submitted
List of reference works			
Department Faculty Evaluation Committee review status			

Signature of the head of the department/graduate institute		Date of submission	(MM/DD/YYYY)
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Instructions for completing this form:

1. Faculty members applying for a promotion shall complete this form and submit it along with their academic works. The Department Faculty Evaluation Committee will review the application and then forward the application along with other relevant documents to the college for processing.
2. Affix additional rows/pages if additional space is required.