導生活動費承辦人員變更/申請書

Change/Request Form for Mentorship Activity Fund Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_系所(請填寫系所全名)之導生活動費承辦人員，原為\_\_\_\_\_\_\_\_\_\_\_擔任，擬於 \_\_\_\_\_\_\_\_ 學年度第 \_\_\_ 學期起由\_\_\_\_\_\_\_\_\_\_\_\_擔任，校內分機：\_\_\_\_\_\_\_\_\_\_\_\_ 。

The mentorship activity fund coordinator of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Institute (Please fill in the full name of the department/ institute) was \_\_\_\_\_\_\_\_\_\_\_\_\_, and it is proposed that starting from the \_\_\_ semester of the \_\_\_\_ academic year, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ will take over. Internal extension: \_\_\_\_\_\_\_\_\_\_\_\_.

申請人(Applicant)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

單位主管(Unit Supervisor)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申請日期(Date)：\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(年yrs/月month/日date)

* 請填本表後擲回健康及諮商中心(惠蓀堂四樓)，感謝您！
* After completing this form, please return it to the Health and Counseling Center (4th Floor, Hui-Sun Auditorium). Thank you!