NATIONAL TAIWAN UNIVERSITY

Outstanding Advisor Candidate Recommendation Form for

Academic Programs in Academic Year 2019-20

* Candidate's Basic Information

| | | 1 1 | | | | 1 | | | 1 |
|--|--|---------------------|--|----------|--|------------------|--|--------------|-------|
| Name | | Academic Program | | | | Years of | | | |
| | | | | | | Experience as | | Number of | |
| | | | | Title | | Faculty | | Advisees in | |
| | | | | | | Member at | | Fall | |
| | | | | | | NTU (years | | Semester, | |
| | | | | | | andmonths in | | 2019-20 | |
| | | | | | | total) | | | |
| | | Gender | | | | Years of | | | |
| | | | | | | Experience as | | | |
| | | | | Age | | Academic | | Eligible for | 🗌 Yes |
| | | | | | | Advisor at NTU | | candidacy? | 🗌 No |
| | | | | | | (years and | | | |
| | | | | | | months in total) | | | |
| The academic program received responses on its student opinion survey. | | | | | | | | | |
| (Please attach the results of the student opinion survey.) | | | | | | | | | |
| Please recommend | | | | Academic | | | | | |
| advisees who agree to | | Name | | Program | | Contact | | | |
| be interviewed by the | | | | and Year | | Information | | | |
| Outstanding Advisor | | | | of Study | | | | | |
| Selection Committee | | Name | | Academic | | | | | |
| (Current students and | | | | Program | | Contact | | | |
| alumni are both | | | | and Year | | Information | | | |
| accepted; however, | | | | of Study | | | | | |
| please obtain each | | Name | | Academic | | | | | |
| student's consent | | | | Program | | Contact | | | |
| before providing their | | | | and Year | | Information | | | |
| information.) | | | | of Study | | | | | |
| L | | | | - | | 1 1 | | | |

If you require more space, please add additional pages as you wish up to a maximum of 3 pages. The total number of pages, including the attached documents, should be <u>no more than 10 pages</u>.

| Summary of Past Actions in Offering Care and Counseling to Students |
|---|
| (Brief Description of Actions and Outcomes) |

Comments from the Recommending Academic Program

Chair of Department / Graduate Institute Academic Advisor Working Committee (signature or seal): _____

Head of the Academic Program (signature or seal): _____

Dean (signature or seal):