實體上課申請表

Face-to-Face Instruction Application Form

說明 / Instruction：

若該課程修課學生人數低於教室容納的最高人數，任課教師得申請全部修課學生回校實體上課，請附全班學生同意簽名之聲明紀錄，並填妥此申請表，經系所中心主任及院長核章後，影本送教務處備查。

If the number of the students in a classroom (before diversion) is already smaller than the capacity of the classroom, please fill out this form with the signatures of all students as a proof. After being approved by the chairperson of the department and the dean of the college, a duplicated copy should be sent to the Office of Academic Affairs for further reference.

備註 / Notes：

1. 選修該課程全部學生必須以實體上課進行，不得有個別學生選擇線上同步上課（經通知須居家隔離、居家檢疫、自主健康管理者，其期限尚未解除者除外）。

All students of that particular course should go to the classroom regardless the diversion, unless the students are notified to undergo home isolation/ home quarantine/ (enhanced) self-health management.

1. 學生簽名格式不拘(可用電子檔)，請以附件方式附上作為佐證即可。

There is no format for collecting students’ signatures. Please attach students’ signature as a proof.

申請日期date:

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| 任課教師Instructor |  | 教師所屬單位Department |  |
| 開課學制Educational System |  | 開課班級Class |  |
| 科目名稱Course Title |  | 組別Group |  | 選課人數Enrollment |  | 上課教室Room |  |
| 備註Note |  |
| 任課教師Instructor |  | 教師所屬單位Department |  |
| 開課學制Educational System |  | 開課班級Class |  |
| 科目名稱Course Title |  | 組別Group |  | 選課人數Enrollment |  | 上課教室Room |  |
| 備註Note |  |

核章處 Sign

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| --- | --- | --- | --- |
| 教學單位主任Director |  | 院長Dean |  |