2015 SUMMER PROGRAM IN TAIWAN FOR ITALIAN GRADUATE STUDENTS APPLICATION FORM

(This application must be typewritten and sent back before February 15, 2015)

PERSONAL INFORMATION Full Name (LAST NAME, First name and Middle Name): Sex: Date (dd/mm/yyyy) and place of birth: **Nationality: Current address:** Permanent home address: Telephone: E-mail address 1: E-mail address 2: **CURRENT STUDIES** Academic/institutional address: Institution Department Address Current Degree Program: Master PhD PhD Field of study:

POSITIONS AND AWARDS IN THE LAST THREE YEARS

PREVIOUS VISITS TO TAIWAN

Year, place, duration and purpose.

CHINESE LANGUAGE BACKGROUND

Specify courses taken (university level), details of other training (including self-instruction), and any particular strength you might have in the language. Please note this information is required for planning the language instruction in Taiwan and that proficiency in the foreign language is not a prerequisite for participation in this Program.

DESCRIPTION OF CURRENT STUDIES

Provide a summary of your current studies and/or research projects, and interests. Please write the summary for a technical audience and identify both a general field of study and any specific research interests. May not be exceeding one page.

STATEMENT OF PURPOSE

Explain your unique qualifications for participation in this Program and list the benefits the program will provide to your professional development. May not be exceeding one page.

POTENTIAL HOST INSTITUTIONS

List potentia	I ho	ost institut	ions i	n priority o	orde	er, and	d include n	ames	and comple	ete	contact
information	of	potential	host	scientists.	lf	your	preferred	host	in stitution	is	already
confirmed, n	o ne	eed to add	other	S.							

1.
2.
3.
The host institution should be confirmed at the time of application deadline (February 15 2015).
DATES AND/OR DURATION OF TRAINING (If you plan to stay longer than June 29 ~ August 21, 2015)
Dates:
Duration:

RECOMMENDATIONS TO BE OBTAINED FROM:

A minimum of two recommendation form	s is required.	. At least	one	recommender	must b	эe
one of your current professors.						

Name Institution Department E-mail address		
Name Institution Department E-mail address		
	nis program announcement and guidelines in detail and indictions herein.	have
Date:		
Signature of t (Scanned if sent		

RESEARCH AND PRACTICAL TRAINING PROGRAM IN TAIWAN 2015

RECOMMENDATION FORM

(This recommendation must be typewritten)

Applicant's name:
Recommender: Name Institution Department E-mail address
1. How long, and in what capacity, have you known the applicant?
2. In specific terms, explain how this Program will benefit to the applicant. What uniqu approaches, opportunities, or skills will the applicant obtain in Taiwan?
3. Briefly describe the applicant's research contributions, the quality of the research, an the potential significance of the research to your discipline or field.
4. I rank this applicant in the top % among (number) of graduate students have supervised over the last (number) years.

Please check one of the two statements below:
\square My identity and this report must be held in confidence.
\square This report may be released to the applicant upon request.
I have read and understood the terms and conditions (Guidelines) of the Research and Practical Training Program in Taiwan, and I endorse my student's full participation in the Program.
Date:
Signature: (Scanned if sent by email)
Please send the filled recommendation form by e-mail to Ms Nathalie Lauvergnier (nlauvergnier@most.gov.tw), or by postal mail to:
Service Sciences et Technologies Bureau de Représentation de Taipei en France 78 rue de l'Université 75007 Paris FRANCE

Recommendations must be postmarked by **February 15, 2015**. Failure to return this form in

due time will jeopardize the application.