

## Appendix 2

### National Central University

#### Application Form for Visiting Professors (Researchers)

|                                     |                                                                                 |                        |                                                                                                         |
|-------------------------------------|---------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| College / Center                    |                                                                                 |                        |                                                                                                         |
| Department / Graduate Institute     |                                                                                 |                        |                                                                                                         |
| Appointment Status                  | <input type="checkbox"/> New Appointment <input type="checkbox"/> Reappointment |                        |                                                                                                         |
| Chinese Name                        |                                                                                 |                        |                                                                                                         |
| English Name                        |                                                                                 |                        |                                                                                                         |
| Proposed Title                      | <input type="checkbox"/> Distinguished Chair Professor                          |                        |                                                                                                         |
| ID/Passport No.                     |                                                                                 |                        |                                                                                                         |
| Date of Birth                       | YYYY    MM    DD                                                                | Gender                 | <input type="checkbox"/> Male<br><input type="checkbox"/> Female                                        |
| Appointment Period                  | From (YYYY/MM/DD)    to    (YYYY/MM/DD)                                         |                        |                                                                                                         |
| First Nationality                   |                                                                                 | Second Nationality     |                                                                                                         |
| Funding Source                      |                                                                                 |                        |                                                                                                         |
| Highest Academic Degree             | Name of Institution                                                             |                        |                                                                                                         |
|                                     | Department / Program                                                            |                        |                                                                                                         |
|                                     | Highest Degree                                                                  |                        | <input type="checkbox"/> PhD <input type="checkbox"/> Master <input type="checkbox"/> Bachelor          |
|                                     | Graduation Date                                                                 |                        | <div style="display: flex; justify-content: space-around;"> <span>Year</span> <span>Month</span> </div> |
| Current Position & Major Experience | I.                                                                              | Institution            |                                                                                                         |
|                                     |                                                                                 | Title                  |                                                                                                         |
|                                     |                                                                                 | Full-time or Part-time |                                                                                                         |
|                                     |                                                                                 | Date                   | From (YYYY/MM/DD)<br>To (YYYY/MM/DD)                                                                    |
|                                     | II.                                                                             | Institution            |                                                                                                         |
|                                     |                                                                                 | Title                  |                                                                                                         |
|                                     |                                                                                 | Full-time or Part-time |                                                                                                         |
|                                     |                                                                                 | Date                   | From (YYYY/MM/DD)<br>To (YYYY/MM/DD)                                                                    |
|                                     | III.                                                                            | Institution            |                                                                                                         |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                   |                        |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------|
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | Title                  |                                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | Full-time or Part-time |                                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | Date                   | From (YYYY/MM/DD)<br>To (YYYY/MM/DD) |
| Departmental Section                                                                                                                                                                                                                         | 1. The appointment case was approved at the ____th Faculty Review Committee preliminary meeting on (year/month/day).<br>(Reappointments may be exempt from Faculty Review Committee approval.)<br>2. Please approve the appointment.<br><br>Handled by: _____ Supervisor Signature: _____<br>Date: _____          |                        |                                      |
| College Section (Center)                                                                                                                                                                                                                     | The candidate's qualifications have been verified. Please approve the appointment.<br><br>Supervisor Signature: _____ Date: _____                                                                                                                                                                                 |                        |                                      |
| Personnel Office Section                                                                                                                                                                                                                     | A search of the Ministry of Education's "Unsuitable Personnel Reporting & Inquiry System" (教育部各教育場域不適任人員通報及查詢系統) found no disqualifying issues.<br>Upon approval, the case will be submitted to the Administrative Meeting for final discussion.<br><br>Handled by: _____ Section Chief: _____<br>Director: _____ |                        |                                      |
| Respectfully Submitted for Approval<br><br>(For Faculty) Vice President of Academic Affairs:<br><br>(For Researcher) Vice President for Research and Development:<br><br>Chief Secretary:<br><br>Executive Vice President:<br><br>President: |                                                                                                                                                                                                                                                                                                                   |                        |                                      |

## **Required Documents & Notes:**

### **1. Required Attachments:**

Chinese (and/or English) résumé, photocopy of both sides of National ID card (or photocopy of the passport data page), and supporting documents such as academic qualifications, professional experience, and publications.

### **2. Appointment Procedures:**

(1) New appointments or reappointments: Department Faculty Review Committee → College → Approval → Issuance of appointment.

(2) Renewal of appointment: Head of the employing unit → College → Approval → Issuance of appointment.

### **3. For personnel who do not occupy a regular post and are engaged in short-term teaching or research at the university, the appointment shall be reviewed annually.**

### **4. For retired personnel who are receiving monthly pension (retirement pay or monthly retirement compensation), if they assume any paid public office again, the matter shall be handled in accordance with the “Regulations Governing Retirement, Severance, and Bereavement Compensation for Faculty and Staff of Public Schools.”**