

## Application Form for CYCU Interdisciplinary Service-Learning Teaching-Group

<b>Teaching-Group Name</b>				
<b>Execution Unit</b>				
<b>Interdisciplinary course director</b>		Service Unit and Job Title		
<b>Co-director (associate directors)</b> (Please added the lines, if more than one person)		Service Unit and Job Title		
<b>Location of Service-Learning</b>		Supervising Person's Unit and Job Title		
<b>Duration of interdisciplinary courses</b>	MM/DD/YYYY~MM/DD/YYYY			
<b>Cooperation project for the interdisciplinary courses</b>	(Please specify the connection and interaction among the course, teacher and students across the teaching group)			
<b>Joint presentation of interdisciplinary Service-Learning results</b>	Date: __MM/DD/YYYY Venue: _____(Please specify the precise venue where the presentation will take place to help arrange campus reporters head for the location for interview and reporting. If the date and venue are changed, please advise within one week prior to the presentation)			
<b>Course requesting subsidy</b>	<b>Name of Course 1</b>			
	<b>Teacher</b>		Department/Grade	
	<b>Name of Course 2</b>			
	<b>Teacher</b>		Department/Grade	
	<b>Name of Course 3</b>			
	<b>Teacher</b>		Department/Grade	
<b>Contact No.</b>				
<b>Interdisciplinary course member</b>	Name	Service Unit and Job Title	Tel. No.	E-mail
<b>Director</b>			(O): Mobile:	
<b>Co-director (associate directors)</b>			(O): Mobile:	
<b>Teaching assistant (contact person)</b>			(O): Mobile:	

Course director's signature: \_\_\_\_\_