**National Taiwan University of Science and Technology Consultation Record Form for Writing Teaching Practice Research Proposals**

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| Applicant Information | Name |  | Mentor | Name |  |
| Title |  | Title |  |
| School | National Taiwan University of Science and Technology | School |  |
| Department |  | Department |  |
| Contact Number |  | Contact Number |  |
| Consultation Method | One-on-one online consultation; Meeting room URL: |
| Consultation Time | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy hh:mm) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy hh:mm)  |
| Content of Consultation and Mentor’s Suggestions |  |
| Other Suggestions for the University’s Consultation Services |  |
| Applicant’s Signature (Electronic Signature) |  | Mentor’s Signature (Electronic Signature) |  |

※After completing this form, please submit it via email to the designated staff member at the Center for Teaching and Learning Development within one week. The Center shall send this form to the mentor for confirmation and signature.

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| Center for Teaching and Learning Development Staff Approval |  | Center for Teaching and Learning Development Supervisor Approval |  |