國立中興大學醫學院

教師著作審查委員迴避名單

一、申請人基本資料(請與申請表一致)

姓名	單位	現職 職稱	擬申請 等級	碩士畢業學校 (無則免)	博士畢業學校 (無則免)
				校名: 科系:	校名: 科系:
學術專長			代表著作名 英文: 中文:	稱	

二、應迴避審查名單

序號	應迴避姓名	服務單位及職稱	應迴避之理由
1			
2			
3			
4			
5			
6			
7			
8	得自行增列		

申請人請就下列情形據實填報應予迴避名單:

- 1. 申請人之研究指導教授。
- 2. 申請人五年內研究著作之合著人或共同研究人。
- 3. 與申請人在同一學校(尤其是同一系所)、機構服務。
- 4. 與申請人有三親等內血親、姻親親屬關係。

三、建議排除審查名單(至多以三人為限)

序號	得排除姓名	服務單位及職稱	建議排除之理由
1			
2			
3			

申請人:

年 月 日(親自簽名)

※請申請人以電腦繕打,親自簽名後於系/所公告期限內送系/所辦公室。

National Chung Hsing University College of Medicine

Faculty Publication Review Committee Conflict of Interest List

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I. Applicant Information (Must match the a	application form)	

Name		Department		Current Position	Intended Application Level		Master's Degree Institution (If applicable)	Doctoral Degree Institution (If applicable)
							University: Department:	University: Department:
Specializ	Academic Specialization			Representative Work Title English: Chinese:				
II. List o	1	viewers to	Ве	Recused				
No.		me to Be ecused	Affiliation & Position			Reason for Recusal		
1								
2								
3								
5								
6								
7								
8		onal names e added as d						
1. The	The applicant should truthfully list individuals for recusal based on the following conditions: 1. The applicant's academic advisor.							conditions:
 Individuals affiliated with the same university (especially the same department) or institution as the applicant. Individuals related to the applicant within three degrees of kinship or by marriage. 								
III. Suggested Exclusion List (Limited to a maximum of three individuals)								
No.		ne to Be ecused	A	Affiliation & Position Reason for Recusal			Recusal	
1								
2								
3								
Applicant's Handwritten Signature:					Date:			

*The applicant must complete this form using a computer, sign it personally, and submit it to the

department office within the announced deadline.