

**Summer Research Program at College of Engineering, National Tsing Hua University, Taiwan**  
**Application Form**

<b>I. Basic Information</b>			
First Name		Last Name	
Date of Birth	YYYY / MM / DD	Gender	( <input type="checkbox"/> ) Male ( <input type="checkbox"/> ) Female
Nationality		Passport No.	
Email		Phone Number	
Contact Address	(with postal codes)		
<b>II. Home Institution</b>			
University		Location	
College		Current Standing	( <input type="checkbox"/> ) Bachelor, in the <u>3<sup>rd</sup></u> Year
Department/ Institute			( <input type="checkbox"/> ) Master, in the <u>1<sup>st</sup></u> Year
Major		Cumulative GPA	Your Score / Total Score
<b>III. Host Institution &amp; Program Application</b>			
University	National Tsing Hua University	Location	Hsinchu City, Taiwan
College	College of Engineering	Program Period	June 29, 2026 ~ August 14, 2026
Department/ Institute (select up to 3)	<input type="checkbox"/> Department of Chemical Engineering <input type="checkbox"/> Department of Power Mechanical Engineering <input type="checkbox"/> Department of Materials Science and Engineering <input type="checkbox"/> Department of Industrial Engineering and Engineering Management <input type="checkbox"/> Institute of Nano-Engineering and Micro-Systems <input type="checkbox"/> Institute of Biomedical Engineering		
Host Professor	<input type="checkbox"/> I would like to work with: 1. Prof. _____ at the Department/Institute of _____. 2. Prof. _____ at the Department/Institute of _____. 3. Prof. _____ at the Department/Institute of _____.  <input type="checkbox"/> I would also be fine to be assigned a program advisor based on my research interests.		
Research Interests/ Proposed Research Topic	1. 2. 3.		
<b>I would like to apply for the University Residence Halls for my stay.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I would like to apply for the Scholarship.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If not granted the Scholarship, I am still willing to join the program and self-fund the expenses.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IV. Confirmation</b>			
<b>I confirm the information provided above is complete and correct.</b>		Applicant's Signature & Signing Date:	