**高雄醫學大學健康科學院醫學影像暨放射科學系**

**系主任候選人自我推薦資料表**

**一、基本資料表：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | | **性別** | **出生年月日** | | | | | | **身分證明**  **文件字號** | | | **電話** | | | **傳真** |
|  | |  | **年** | | **月** | | **日** | |  | | | **公：** | | | **公：** |
|  | |  | |  | | **私：** | | | **私：** |
| **通訊處** |  | | | | | | | | | | | | | | |
| **E-mail** |  | | | | | | | | | **行動電話** | | |  | | |
| **現**  **職** | **服務機關學校** | | | **職稱** | | | | | | **到職年月** | | | | **教師證書字號**  **及取得年月** | |
|  | | |  | | | | | |  | | | |  | |
|  | | |  | | | | | |  | | | |  | |
|  | | |  | | | | | |  | | | |  | |
|  | | |  | | | | | |  | | | |  | |
| **主要學歷** | **學校名稱** | | | **院系所** | | | | | | **學位名稱** | | | | **取得學位年月** | |
|  | | |  | | | | | |  | | | |  | |
|  | | |  | | | | | |  | | | |  | |
|  | | |  | | | | | |  | | | |  | |
| **主要經歷** | **服務機關學校** | | | | | **職稱** | | | | | | | **任職起迄年月** | | |
|  | | | | |  | | | | | | |  | | |
|  | | | | |  | | | | | | |  | | |
|  | | | | |  | | | | | | |  | | |
|  | | | | |  | | | | | | |  | | |
|  | | | | |  | | | | | | |  | | |
| **候選人**  **簽名** |  | | | | | | | **日期** | | |  | | | | |

註：

1. 請附身分證明文件影本、最高學歷證件，及副教授或相當副教授資格以上之證件影本。
2. 本表若不敷使用，請自行繕打接附。

**二、論文、著作、專利及發明目錄：**

|  |
| --- |
|  |

註：1. 請依期刊及會議論文、圖書著作等分類填列。

2. 本表若不敷使用，請自行繕打接附。

**三、學術獎勵及榮譽事項：**

|  |
| --- |
|  |

註：本表若不敷使用，請自行繕打接附。

**四、系主任候選人之理念與抱負：**

|  |
| --- |
|  |

註：本表若不敷使用，請自行繕打接附。