**2016 Summer Program in Taiwan**

**for Italian Graduate Students**

**Application Form**

(This application must be typewritten and sent back before January 31, 2016)

**PERSONAL INFORMATION**

**Full Name** (LAST NAME, First name and Middle Name)**:**

**Sex:**

**Date (dd/mm/yyyy) and place of birth:**

**Nationality:**

**Current address:**

**Permanent home address:**

**Telephone:**

**E-mail address 1:**

**E-mail address 2:**

**CURRENT STUDIES**

**Academic/institutional address:**

|  |  |
| --- | --- |
| Institution | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Current Degree Program: Master □ PhD □**

**Field of study:**

**POSITIONS AND AWARDS IN THE LAST THREE YEARS**

**PREVIOUS VISITS TO TAIWAN**

Year, place, duration and purpose.

**CHINESE LANGUAGE BACKGROUND**

Specify courses taken (university level), details of other training (including self-instruction), and any particular strength you might have in the language. Please note this information is required for planning the language instruction in Taiwan and that proficiency in the foreign language is not a prerequisite for participation in this Program.

**DESCRIPTION OF CURRENT STUDIES**

Provide a summary of your current studies and/or research projects, and interests. Please write the summary for a technical audience and identify both a general field of study and any specific research interests. May not be exceeding one page.

**STATEMENT OF PURPOSE**

Explain your unique qualifications for participation in this Program and list the benefits the program will provide to your professional development. May not be exceeding one page.

**POTENTIAL HOST INSTITUTIONS**

List potential host institutions in priority order, and include names and complete contact information of potential host scientists. If your preferred host institution is already confirmed, no need to add others.

1.

2.

3.

…

The host institution should be confirmed at the time of application deadline (January 31, 2016).

**DATES AND/OR DURATION OF TRAINING**

(If you plan to stay longer than June 27 ~ August 19, 2016)

**Dates:**

**Duration:**

**RECOMMENDATIONS TO BE OBTAINED FROM:**

A minimum of two recommendation forms is required. At least one recommender must be one of your current professors.

|  |  |
| --- | --- |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Institution | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-mail address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Institution | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-mail address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I have read this program announcement and guidelines in detail and have noted the conditions herein.**

**Date:**

**Signature of the Applicant:**

(Scanned if sent by e-mail)

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**for Italian Graduate Students**

**Recommendation Form**

(This recommendation must be typewritten)

**Applicant’s name:**

|  |
| --- |
| **Recommender:** |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Institution | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-mail address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**1. How long, and in what capacity, have you known the applicant?**

**2. In specific terms, explain how this Program will benefit to the applicant. What unique approaches, opportunities, or skills will the applicant obtain in Taiwan?**

**3. Briefly describe the applicant’s research contributions, the quality of the research, and the potential significance of the research to your discipline or field.**

**4. I rank this applicant in the top \_\_\_\_\_ % among \_\_\_\_\_\_\_ (number) of graduate students I have supervised over the last \_\_\_\_\_ (number) years.**

**Please check one of the two statements below:**

 **□** My identity and this report must be held in confidence.

 **□** This report may be released to the applicant upon request.

**I have read and understood the terms and conditions (Guidelines) of the Research and Practical Training Program in Taiwan, and I endorse my student’s full participation in the Program.**

**Date:**

**Signature:**

(Scanned if sent by email)

Please send the filled recommendation form by e-mail to Ms Nathalie Lauvergnier (nlauvergnier@most.gov.tw), or by postal mail to:

 Service Sciences et Technologies

 Bureau de Représentation de Taipei en France

 78 rue de l’Université

 75007 Paris

 FRANCE

Recommendations must be postmarked by **January 31, 2016**. Failure to return this form in due time will jeopardize the application.