**高雄醫學大學 醫學院 全英語教學補助申請表**

附表一

**Kaohsiung Medical University College of Medicine**

**Grant Application Form of English-Instructed Course**

申請日期 (Date of Application)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **授課教師姓名**  **Name of the Instructor** | |  | | | | **職稱**  **Position** | | * 教授**Professor** * 副教授**Associate Professor** * 助理教授**Assistant Professor** * 講師**Lecturer** |
| **課程開課單位**  **Course College/Department** | |  | | | | **開課學年/學期**  **Academic year and semester** | | \_\_\_\_學年度**Academic year**  \_\_\_\_學期**Semester** |
| **學分數Credits** |  | **必修/選修**  **Required / Elective** | | | * 必修**Required** * 選修**Elective** | **修課人數(預估)**  **Estimated numbers of students** | | * 本國生人數：\_\_\_\_\_\_\_\_ * 境外生人數：\_\_\_\_\_\_\_\_ |
| **全英語課程名稱**  **Course Title** | | **中文**  **Chinese** |  | | | | | |
| **英文**  **English** |  | | | | | |
| **申請教師授課主題**  **Topic** | | **中文**  **Chinese** |  | | | | | |
| **英文**  **English** |  | | | | | |
| **全英語授課課程方式**  **How will the course be delivered?** | | 1. 請以英文敘寫，以150字為原則   Please describe how the course will be delivered in 150 words in English.   1. 請包含授課主題之內容、講授方式 (實體上課/video課程…)、EMI教學方法之應用、及評量方式…等。   Course contents, in-person class/video, EMI pedagogy, and evaluation…etc. should be included. | | | | | | |
| **授課教師簽章**  **Signature of the Instructor (Applicant)** | | | | **系/所/學位學程主管簽章**  **Signature of the Director of the Academic Department/Institute** | | | **院長簽章**  **Signature of the Dean of College of Medicine** | |
|  | | | |  | | |  | |

※申請全英語授課課程補助教師，請於開課**前一學期**提具下列文件提出申請：(1)全英語授課課程申請表（附表一）、(2)經費預算表（附表二）、(3)經各級課程委員會審議通過之英文版課程大綱與進度表。

**高雄醫學大學 醫學院 全英語教學教師補助經費預算表**

附表二

**Kaohsiung Medical University College of Medicine**

**Application of English-Instructed Course Budget Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **授課教師姓名**  **Name of the Instructor** | | |  | | | **課程名稱Course Title** | |  | | **授課主題**  **Topic** |  |
| **名稱** | | **單位** | | **數量** | **單價** | | **總價** | | **說明（請說明內容用途）** | | |
| 補  助  項  目 | 教育訓練費 |  | |  |  | |  | | 參與本計畫之教師，利用課餘時間以線上方式或至國內大學、公私營機構，進行英語教學增能所需之費用。每人每學期補助以5,000元為限，檢據實報實銷。 | | |
| 教材教具費 |  | |  |  | |  | | 配合本計畫購買之教材教具（含材料、情境布置等），檢據實報實銷。 | | |
| 資訊服務費 |  | |  |  | |  | | 執行本計畫之網路教學資源等下載、註冊及使用之費用，檢據實報實銷。 | | |
| 印刷費 | 份 | |  |  | |  | | 配合本計畫各項相關資料影印費用。 | | |
| 雜支 | 式 | |  |  | |  | | 凡前項費用未列之辦公事務費用屬之，如文具用品、紙張、資訊耗材、資料夾、郵資等。  (上限為總經費6%) | | |
| 其他 |  | |  |  | |  | | 辦理本計畫各項內容所需之他項經費，依最新「教育部補（捐）助及委辦計畫經費編列基準表」編列及按實核銷。 | | |
| **小計** | | |  | | | | | **以上各項經費得相互勻支** | | |
| **合計** | | | |  | | | | | | | |

**※請於備註欄詳細說明各申請項目經費編列之需求及合理性，並請檢附相關明細。**

**高雄醫學大學 醫學院 全英語授課課程成果報告**

附表三

**Kaohsiung Medical University College of Medicine**

**Report of English-Instructed Course**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本資料** | | | | | | | | |
| **授課教師姓名**  **Name of the Instructor** | |  | | | | **職稱**  **Position** | | * 教授**Professor** * 副教授**Associate Professor** * 助理教授**Assistant Professor** * 講師**Lecturer** |
| **課程開課單位**  **Course College/Department** | |  | | | | **開課學年/學期**  **Academic year and semester** | | \_\_\_\_學年度**Academic year**  \_\_\_\_學期**Semester** |
| **學分數Credits** |  | **必修/選修**  **Required / Elective** | | | * 必修**Required** * 選修**Elective** | **修課人數(預估)**  **Estimated numbers of students** | | * 本國生人數：\_\_\_\_\_\_\_\_ * 境外生人數：\_\_\_\_\_\_\_\_ |
| **全英語課程名稱**  **Course Title** | | **中文**  **Chinese** |  | | | | | |
| **英文**  **English** |  | | | | | |
| **授課主題**  **Topic** | | **中文**  **Chinese** |  | | | | | |
| **英文**  **English** |  | | | | | |
| **成果繳交(自我檢核) Self-Check** | | | | | | | | |
| **※ 請確認以下項目已提供，已提供者請於□打V**  **□ 1. 繳交至少一週之課程完整錄製影像（如：evercam）以供觀課學習及審查。Please provide at least one video recording of the class for class observation and review.**（請上傳雲端空間後，提供可下載檔案之連結。）Please upload your video to the cloud and provide the link to the video.  影音檔下載連結：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□ 2. 繳交輔助全英語授課相關教學資料（如：授課教材、評量工具、2-3份學生報告或作業影本等）**  **Please provide the relevant supplementary materials. For example, you can submit your teaching materials, evaluation tools, or 2-3 copies of students’ reports or homework.**  可繳交紙本或電子檔，繳交電子檔者，請提供可下載檔案之連結You can submit the hard copies or digital files. Please provide the link to the digital files：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **檢討及改進方向(說明課程實際執行遇到之困難、未來課程規劃與改進之安排)**  Review and improvement (Please explain the difficulties encountered during the course/topic implementation and the arrangements for future course planning and improvement.) | | | | | | | | |
|  | | | | | | | | |
| **授課教師簽章**  **Signature of the Applicant** | | | | **系/所/學位學程主管簽章**  **Signature of the Director of the Academic Department/Institute** | | | **院長簽章**  **Signature of the Dean of College of Medicine** | |
|  | | | |  | | |  | |

※獲全英語授課課程補助之授課教師請於**課程結束後一個月內**提具下列資料予醫學院EMI教師獎勵小組存查，並作為爾後滾動修正參考：(1)【附表三】全英語授課課程成果報告、(2)至少一週之課程完整錄製影像（如：evercam）以供觀課學習及審查、(3)輔助全英語授課相關教學資料（如：授課教材、評量工具、2-3份學生報告或作業影本等）。

※Teachers who have received the subsidy for EMI courses are requested to submit the following information to EMI Incentive Group within one month after the course ends, and use them as a reference for rolling revise of EMI courses: 1. (Annex 3) Report of English-Instructed Course, 2. At least one week's video recording of the class, 3. Supplementary materials (such as teaching materials, evaluation tools, or 2-3 copies of students’ reports or homework… etc.)