**國立中興大學**

**學年度 學院 學系優良導師推薦表**

候選人基本資料：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 職稱 |  | 姓名 |  | 輔導人數 | 人 |
| 擔任導師時間 | 年 | 輔導班級（註1） |  | 導師性質（註2） |  |

候選人具體輔導事實及績優事項：（請敘明輔導時間、地點及人數，並重點簡述經過與結論，另請勿於內容中敘明相關人員之個資，謝謝!）

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| --- |
|  |
| 檢附資料如下：（請勾選）  □系（所）會議決議紀錄 □導生座談紀錄表 □其他資料\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 推薦意見：  推薦人（單位主管）簽章： |
| 推薦意見：  一級主管簽章： |

註：1.輔導班級：無固定輔導班級者，可免填，僅作說明即可。

2.導師性質：可區分為院主任導師、系（所）主任導師及導師……等。

※：各院請於**112年5月29日前**將該院推薦人選之本表及檢附資料送交至健康及諮商中心彙整。

**National Chung Hsing University**

**Academic Year College Department   
Outstanding Mentor Nomination Form**

Candidate Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Name |  | Number of Mentees | People |
| Years of Mentoring |  | Class Mentored (Note 1) |  | Nature of Mentorship (Note 2) |  |

Specific Mentoring Facts and Meritorious Deeds of the Candidate: (Please specify the mentoring times, locations, and number of mentees, and briefly describe the process and conclusion. Also, please do not include personal information of any individuals involved in the content, thank you!)

|  |
| --- |
|  |
| Attached Documents: (Please check the box)  □ Department (institute) Meeting Resolution Record □ Mentee Discussion Record  □ Other information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recommendation:  Recommender (Department Head) Signature: |
| Recommendation:  Signature of Senior Administrator: |

Note: 1. Class Mentored: If there is no fixed class mentored, it can be omitted. Just an explanation is sufficient.

2. Nature of Mentors: It can be categorized as College Dean Mentor, Department (institute) Director Mentor, and Mentor, etc.

\* : Each college is requested to submit the nomination form and attached documents of the nominated candidate to the Health and Counseling Center for compilation by **May 29, 2023**.