

(Appendix)

Institutional Research Analysis Application form						
Application number (Fill out from IRC) : 20□□-□□□□□□□□						
Investigator name				Application Date	(month/day/year)	
Investigator E-Mail Address				Investigator Phone Number	Extension No.	
Project Title						
Request reason		Ministry of Education		Higher Education Sprout Project		Program Accreditation
		Teaching		Research		Institutional Accreditation
		Decision		Other		
Level		School level		College level		Department level
Priority		High Priority		Priority		Standard
Purpose						
Requirements						
Signature of Investigator	Handel by		Second-level Head of the Unit		First-level Head of the Unit	
Signature of IRC	Handel by			Signature of Center Director		

Kaohsiung Medical University
Institutional Research Center