姓名Name: 學號Student ID:

口試日期Oral exam Date: 時間Time: 地點Location:

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| 姓名Name | 學經歷Educational qualifications and experience | 教師證號Professor License Number (e.g., 教授或副教授xxxxx) | 身分證號碼National ID Numbe | 匯款帳號Bank Account Number | 戶籍地址(包含鄰里)Residential Address, including Township and Village | 前來方式Method of Transportation to the Venue - If by car, Please fill in the car number | 請勾選召集人Please check the convener of the oral examination |
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