

I-SHOU UNIVERSITY

Candidate Recommendation Form for Selection of Outstanding Advisors

Filling Date: ____ ____, 20__ (m/d/y)

I. Information about the Candidate	
Name	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%; text-align: center;">Department / Institute</div> </div>
Academic Rank	<input type="checkbox"/> Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Lecturer
Length of Service at ISU	From ____ of 20__ (m/y) To ____ of 20__ (m/y) ____ Y(s) and ____ M(s) in total
II. How was the Candidate Selected	
1. The candidate was decided at a meeting of a relevant committee (please attach the meeting minutes)	
2. Others. Please specify: _____	
III. Reasons for Recommendation and Additional Comments (please provide concrete and specific ones)	

Department Chair / Institute Director: _____

College Dean: _____