

國立中興大學光電工程研究所聘任、升等、改聘審查迴避表
National Chung Hsing University
Graduate Institute of Optoelectronic Engineering
Recusal Application from a Review of Appointment, Promotion,
and Change of Appointment

應迴避委員姓名 Name of Member to be Recused	服務單位/職稱 Department/Title	迴避原因 (請參考附註二) Reason for Recusal (see Note 2)

附註 Notes:

- 一、本表請當事人自行依次項之原因確實填寫，以利聘任、升等、改聘之送審作業。
1. This form is to be completed by the person concerned to facilitate submission for review of appointment, promotion, or change of appointment.
- 二、依據本所教師聘任、升等及改聘評審辦法第三條略以，所教評委員會委員如有下列情形者或有具體事實足認委員就審議案件有偏頗之虞者，當事人得向所教評會申請該委員迴避，並應舉其原因事實。
2. Pursuant to Article 3 of the Institute's *Regulations on Faculty Appointment, Promotion, and Change of Appointment*, the person concerned may apply to the Institute's Faculty Review Committee to request the recusal of a particular member by providing specific reasons, in the event of the following circumstances or where a specific fact raises doubts over the impartiality of a member of the Institute's Faculty Review Committee.
 - (一) 與當事人為師生關係。
 - a. The member is a teacher/advisor of the person concerned.
 - (二) 與當事人為三親等內血親、姻親或曾有此關係者。
 - b. The member is or was related to the person concerned within the 3rd degree of kinship, either by blood

or by marriage.

(三) 與當事人為學術合作關係或相關利害關係人。

c. The member has a collaborative relationship with or is a stakeholder of the person concerned.

(四) 超出以上原因請寫具體原因。

d. Any other specific reasons not stated above.

三、本表請供所級教評會召集人參考

3. This form shall be submitted to the convener of the Institute's Faculty Review Committee for reference.

四、表格不敷使用，請自行影印。

4. Additional pages may be affixed to this form if necessary.

填表人簽名 Signature by the person who completed this form:_____

日期 Date:_____