**Department of Plant Pathology and Microbiology, National Taiwan University**

**Statement of Research Intent**

**Note:** Please contact at least 3 faculty members of the department, fill-in the following table, and upload it to the registration system.

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| --- | --- | --- | --- | --- |
| **Priority** | **1** | **2** | **3** | **4** |
| Name of the faculty member |  |  |  |  |
| Mark with x if contacted |  |  |  |  |
| Explain why you are interested in his/her research  |  |  |  |  |

 Name(type):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: Date:

**臺灣大學植物病理與微生物學系**

**研究意向書**

**簽名： 日期：**

**說明：請與本系至少 3 位老師聯繫，並完成下列表格後，上傳至報名系統。**

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| **排序** | **教師姓名** | **已連繫者請打勾** | **請說明你選擇該研究室的原因****(若篇幅不足，請自行延伸。)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |