

Application Form
for Student Research Competition

Team Leader:

Name: _____ Student ID #: _____ Sex: _____

Address: _____

Phone: _____ Email: _____

Faculty: _____ Year: _____ Generation: _____ Group: _____ Major: _____ Degree: _____

Team Members:

Name: _____ Student ID #: _____ Sex: _____

Address: _____

Phone: _____ Email: _____

Faculty: _____ Year: _____ Generation: _____ Group: _____ Major: _____ Degree: _____

Name: _____ Student ID #: _____ Sex: _____

Address: _____

Phone: _____ Email: _____

Faculty: _____ Year: _____ Generation: _____ Group: _____ Major: _____ Degree: _____

Title of research paper: _____

(Please attach the CV of each member with this application form.)

Declaration:

We declare that the information given in this application form is true to the best of our knowledge; otherwise, we will be disqualified from the competition and will be responsible for any harm resulting from the given information.

Name of Team Leader

Signature of Team Leader

Date