第一步: 請完成google 表單:<https://forms.gle/6FZVgtqDM7rKmiBQ9>

第二步: 請填寫

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No\* | Name in Roman | | | Department | Grade |
| Family Name (in uppercase) | Given Name (in lowercase) | Middle Name  (in lowercase) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |