**附件二、 影片授權聲明書**

**中國醫藥大學醫學院全英語授課(EMI)課程**

**學習心得影片授權聲明書**

|  |  |
| --- | --- |
| EMI課程名稱 |  |
| 修課學年度 |  |
| 學生姓名 |  |
| 聯絡電話 |  |
| 電子信箱 |  |
| 系所年級 |  |
| 學號 |  |

本人已詳閱並同意遵守**中國醫藥大學醫學院全英語授課(EMI)課程學習心得影片競賽**規則，在此聲明下列事項：

1. 本報名表所填各項資料均屬實。
2. 本人享有參賽作品之著作財產權，若獲獎，同意提供中國醫藥大學醫學院雙語化學習計畫辦公室作為存檔、備查及非營利宣傳使用。

授權人：＿＿＿＿＿＿＿＿＿ (簽名)

日期： 年　 月　 日 (西元)

**Attachment 2: Video Authorization Statement**

**China Medical University College of Medicine**

**EMI Learning Experience Video Authorization Statement**

|  |  |
| --- | --- |
| EMI Course(s) Name |  |
| The year that the EMI course(s) was taken |  |
| Name of Participant(s) |  |
| TEL |  |
| EMAIL |  |
| Department/ Year |  |
| Student ID No. |  |

I have read and agree to abide by the regulations of the EMI Course Learning Experience Video Competition of the College of Medicine, China Medical University, and hereby declare the following:

1. All information provided in this form is true.
2. If I win an award, I agree to provide the video to the Office of Bilingual Program of the College of Medicine, China Medical University for archival, reference, and nonprofit promotion purposes.

Authorizer:＿＿＿＿＿＿＿＿＿ (Signature)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (yyyy/mm/dd)