NATIONAL TAIWAN UNIVERSITY

_____ Semester of Academic Year____

Distance Learning Receiving University Information Form

Receiving University		Course Location	
Semester Start and End date	/ – / (MM/DD)	Special Holidays	/ – / (MM/DD)
Midterm Exam Date(s)	/ – / (MM/DD)	Final Exam Date(s)	/ – / (MM/DD)
Course Contact Person		Email	
	Telephone	Fax	
(Unit)			
Teaching Assistant		Email	
		Telephone	
Contact information			
*System Contact Person		Unit	
*Telephone		Fax	

*Control Room Telephone Number		Email	
*Video Equipment Model No.		*IP Address	
Participate in course selection?	☐ Yes □ No (If "No" is selected, the following section does not need to be filled out.)		
Selected Courses _____ courses in total	☐ ☐ ☐		

Please fill out this form and send it to OOO of the NTU Curriculum Division at the following email address: OOOOOOOO@ntu.edu.tw

NTU will notify the system contact person via email on any matters pertaining to signal reception testing.

For any questions regarding the course, please contact OOO of the NTU Curriculum Division at 02-33662388, ext. OOO.

For any questions regarding connection issues, please contact Shu-Ling Huang of the NTU Computer and Information Networking Center at 02-33665047.