

**臺大身體心靈文化整合影像研究中心空間使用申請書**

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| (申請永齡生醫工程館三樓空間專用) | | | | | | | | | | | | | | | | | | | | | 申請日期： | | | | 年 | | | | 月 | | 日 | |
| **研究計畫名稱** | | (中文) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (英文) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申請單位** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **計畫主持人** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **計畫執行期間** | |  | 年 | | |  | | | 月 | | |  | | | | 日至 | | | |  | | | 年 | | |  | | 月 | |  | | 日 |
| **參與人員：(為方便中心門禁控管，除計畫主持人及共/協同主持人外，最多三名)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | □計畫主持人 □共/協同主持人  □研究執行人員 □其他 | | | | | | | | | 姓名 | | | | |  | | | | | | | 聯絡電話 | | | | |  | | | | | |
| 職稱 | | | | |  | | | | | | | 電子郵件 | | | | |  | | | | | |
| 2 | □計畫主持人 □共/協同主持人  □研究執行人員 □其他 | | | | | | | | | 姓名 | | | | |  | | | | | | | 聯絡電話 | | | | |  | | | | | |
| 職稱 | | | | |  | | | | | | | 電子郵件 | | | | |  | | | | | |
| 3 | □計畫主持人 □共/協同主持人  □研究執行人員 □其他 | | | | | | | | | 姓名 | | | | |  | | | | | | | 聯絡電話 | | | | |  | | | | | |
| 職稱 | | | | |  | | | | | | | 電子郵件 | | | | |  | | | | | |
| 4 | □計畫主持人 □共/協同主持人  □研究執行人員 □其他 | | | | | | | | | 姓名 | | | | |  | | | | | | | 聯絡電話 | | | | |  | | | | | |
| 職稱 | | | | |  | | | | | | | 電子郵件 | | | | |  | | | | | |
| 5 | □計畫主持人 □共/協同主持人  □研究執行人員 □其他 | | | | | | | | | 姓名 | | | | |  | | | | | | | 聯絡電話 | | | | |  | | | | | |
| 職稱 | | | | |  | | | | | | | 電子郵件 | | | | |  | | | | | |
| **申請目的** | | □ Mock MRI  └□ 試躺(以半小時計時)  └□ 實驗(以每小時計時) | | | | | | | | | □ 行為實驗室  └□ 1間 □ 2間 | | | | | | | | | | | | | □ 會議室 | | | | | | | | |
| **申請使用時數** | | 每次 | |  | | | 小時，共 | | | | | |  | | | | 小時 (請以整數算，不足1小時以1小時算) | | | | | | | | | | | | | | | |
| 須包含實驗/會議前、後之說明準備及收拾工作等所有佔用使用空間之時間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **受試者/會議**  **人數** | | 每 次 | | |  | | | 人，共 | | | | | |  | | | | | 人 | | | | | | | | | | | | | |
| 年齡層： | | |  | | | 歲 至 | | | | | |  | | | | 歲 | | | | 族群/來源： | | | | | | | | | | |



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| (申請永齡生醫工程館三樓空間專用) | | | 申請日期： | | 年 | 月 | 日 |
| **研究計畫名稱**  **會議主題名稱** | (中文) | | | | | | |
| (英文) | | | | | | |
| **實驗/會議目的** |  | | | | | | |
| **實驗設計 會議內容** |  | | | | | | |
| **備註** |  | | | | | | |
| **填寫人簽/章** |  | **負責人簽/章** | |  | | | |

**中心填寫：以下欄位由中心人員填寫**

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|  | | | | | | | | 核定編號： | | |
| 確認流程 | 1. 操作人員 | | | 管理 / 執行小組 | | | | | | |
| 2. 組 員 | | | 3. 組 長 | | | |
| 簽/章 |  | | |  | | |  | | | |
| 日 期 | 年 | 月 | 日 | 年 | 月 | 日 | 年 | | 月 | 日 |
| 🞎 本案須交付管理/執行委員會開會討論 | | | | | 開會日期： | | 年 | | 月 | 日 |
| 審核意見： | | | | | | | | | | |