_____科/系/所就業輔導老師推薦表

老師姓名	學經歷	聯絡資訊	專長領域
		校內聯絡分機： 手機： E-mail：	□旅館 □餐飲 □航空旅遊 □廚藝 □行銷 □其他

備註：

一、 本表請於 8 月 30 日(五)前擲回就業輔導暨校友服務組彙辦。

二、 請各科系所推薦 1 位老師。

系主任簽章：

Department/Graduate Institute Name
Employment Counseling Instructor Recommendation Form

Instructor's Name	Education & Professional Experience	Contact Information	Area of Expertise
		Campus Extension: Mobile Phone: E-mail:	□Hotel Management □ Food & Beverage Management □Airline & Tourism □ Culinary Arts □ Marketing □Other: _____

Remarks:

1. Please return this form to the **Employment Counseling and Alumni Service Section** for consolidation before **Friday, August 30**.
2. Each department/program/graduate institute is requested to recommend **one instructor**.

Signature of Department Chair/Director: _____