

International Ph.D. Program in Gerontology and Long-Term Care, Taipei Medical University
Paper Publication Award Application Form

Advisor Name		Student ID	
Student Name		<input type="checkbox"/> Current Student <input type="checkbox"/> Graduate (year/ month)	
Telephone:		Email:	
1. All author's name (in the original publication order, with an asterisk (*) next to the corresponding author's name)			
2. Corresponding author's name (Please check): <input type="checkbox"/> advisor <input type="checkbox"/> co-advisor			
3. Journal Year: year; page number: —			
4. Title: (For each paper, please submit one application form and attach proof of the best ranking from the relevant database.)			
5. Journal Name (Full Name):			
6. Journal Type:			
(1) <input type="checkbox"/> SCI <input type="checkbox"/> SSCI <input type="checkbox"/> EI <input type="checkbox"/> non-SCI, SSCI and EI journal			
(2) Paper's Field of Study: _____			
(3) Impact factor: _____			
(4) Best Ranking: _____ % (/)			
7. Check the attached documents:			
<input type="checkbox"/> A copy of the original article or galley proof of the published paper.			
<input type="checkbox"/> Acceptance letter.			

Student's Signature: _____ Year/ month/ date

Advisor's Signature: _____ Year/ month/ date

Director's Signature: _____ Year/ month/ date