**Application Form for GMO Confined Field Trial in the Agricultural Experiment Station at NCHU**

Date： (DD/MM/YY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Department | Position | Tel. |
| P. I. |  | * + On Campus：      * + Off Campus： |  |  |
| Operator |  |  |  |  |
| Contact Person of Emergency |  |  |  |  |

Date of Application: From To (DD/MM/YY)

|  |  |
| --- | --- |
| Project title |  |
| Type of Plant |  |
| Purpose |  |
| Phenotype & number |  |
| Description of Traits |  |
| Characteristics of Transgene |  |
| Type of Project | □ Assessment of Inheritable Trait  □ Biosafety Assessment Tests  □Other, Please describe： |
| Space Requirement | □ Isolation Greenhouse： m2  □ Isolation Net house： m2  □ Isolation Field： m2 |
| General Cultivation Management |  |
| Special Cultivation Management |  |
| Residual treatment |  |
| Attachment |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project of P. I. |  | Manager of Test Area |  | Manager of master |  |

Results：□ Approved □ Not approved

Reason for non-approval：