Department of Hydraulic and Ocean Engineering
Institute of Ocean Technology and Marine Affair
International Master Program on Natural Hazards Mitigation and Management

Consent to Collection of Personal Information

1. I consent to provide my personal information to NCKU Department of Hydraulic and Ocean Engineering, Institute of Ocean Technology and Marine Affair, and International Master Program of Natural Hazards Mitigation and Management (above three departments are called "the Departments") , for the purpose of alumni related affairs.

2. I consent the Departments to keep this form and related documents until the legal expiration date, and no need to return the above documents to me.

3. According to Personal Information Protection Law in Taiwan, the Departments have to inform the impacts to my personal rights. If I refuse to sign the agreement, the Departments are not allowed to collect my personal information, and I won't obtain any of the alumni network service provided by the Departments.

Signature：_____ **Date：**_____

Alumni Personal Information Form

<table>
<tr><td>Name
(Disclosed)</td><td></td><td>Department
(Disclosed)</td><td>□ Dept. of Hydraulic and Ocean Engineering
□ Institute of Ocean Technology and Marine Affair
□ International Master program on Natural Hazards Mitigation and Management</td></tr>
<tr><td>Year of Admission
(Disclosed)</td><td></td><td rowspan="3">Degree
(Disclosed)</td><td rowspan="3">□Doctoral Degree
□Master Degree
□Undergraduate</td></tr>
<tr><td>Date of Graduation
(Disclosed)</td><td></td></tr>
<tr><td>Phone no.
(Undisclosed)</td><td></td></tr>
<tr><td>E-mail address
□ (Disclosed)
□ Undisclosed)</td><td></td><td>Social Media
(Undisclosed)</td><td>Line ID：
Skype ：</td></tr>
<tr><td>Mailing address
□ (Disclosed)
□ (Undisclosed)</td><td>Country：
City：</td><td>City, street…etc.
(Undisclosed)</td><td></td></tr>
<tr><td colspan="2">What's your plan after graduation?</td><td colspan="2">☐ Pursue a higher degree
☐ Look for a job
☐ Already found a job, position:_____
Company name:_____
☐ Others:_____</td></tr>
</table>

* Please fill out the above form completely. If you refuse to disclose your personal information on the Department's website or alumni directory, please check the "undisclosed" box.

* Besides conducting alumni related affairs, the Departments will not provide the personal information in this form to the third party.