**Google Cloud Platform Certification Subsidy Application Form (Faculty)**

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| Unit |  | Name(same as passport) |  |
| ID number |  | Cellphone number |  |
| Date of application | Year 　　　month 　　　date |
| subsidy |  |
| Attached information | * Name of certificate:
 |
| * Copy of certificate
 |
| Date of review | 　 Year 　　month 　　date | Reviewer | Dean |
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