**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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