Lulin Observatory
Institute of Astronomy
National Central University

Semester: 2027AE
Proposal ID:
Received Date: / / /

Application for LOT Time – Education

1. Title of Education Program

2. Instructor

Name: _____
Department or Institution: _____
University: _____
E-mail: _____
Phone Number: _____

3. Observations Request

☐ For one night only. Prefer Date(s): _____
☐ For two nights. Second Choice Date(s): _____

☐ **Lulin CCD Imager** with following filters:
☐ Bessel U-band ☐ Bessel B-band ☐ Bessel V-band ☐ Bessel R-band ☐ Bessel I-band
☐ SDSS g'-band ☐ SDSS r'-band ☐ SDSS i'-band ☐ SDSS z'-band ☐ Hα
☐ Other Filter(s): _____

☐ **LISA Spectrograph**
☐ **UVEX Spectrograph**
☐ **Lulin-ASIAA Telescope for Transients and Education (LATTE)**

4. Number of Visitors to Lulin Observatory

Total Number of instructors, assistants and students: _____

5. Educational Goals and Observing Plan (include list of targets)

(Continue) Educational Goals and Observing Plan (include list of targets)