NATIONAL CHENG KUNG UNIVERSITY DEPARTMENT OF LIFE SCIENCES

**ADVISOR CONFIRMATION FORM FOR GRADUATE STUDENTS**

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| **Division** |  | **Name** |  | | | |
| **Graduated School &**  **Department** |  | | **Date of Graduated** | | | **20\_\_/\_\_\_** |
|  | |
| **Enrollment**  **Date** | **20\_\_\_/\_\_\_\_ (YYYY/MM)** | **Student ID No.** | | |  | |
| **Mobile phone** |  | **E-mail box** | |  | | |
| **Declaration**  **of**  **Student** | I hereby invite Professor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be my thesis advisor. If I need to change the advisor, I will submit an application to the department under my original advisor and new advisor’s approval; and the application shall be authorized by department.  Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD) | | | | | |
| **Declaration**  **of**  **Advisor** | I hereby agree to be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ‘s advisor and guide his/her courses and thesis research during guidance period.  Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_(YYYY/MM/DD) | | | | | |
| **Notification** | **1. Please submit this form to department office before the end of the first semester.**  **2. According to regulation of advisor alteration, students must submit an application form to the department office if there is any change of advisor.** | | | | | |