

Kaohsiung Medical University (KMU)
Department of Medicinal and Applied Chemistry
International Graduate Student Selecting Adviser
Application Form

106/6/19 (105)-7th Department Meeting

Student Information:

Name : _____ ID : _____

Phone : _____ E-mail : _____

<input type="checkbox"/> Master	Adviser : _____	Co- Adviser : _____
<input type="checkbox"/> Doctoral	Adviser : _____	Co- Adviser : _____

I hereby declare and confirm that the above professor(s) is/are my supervisor(s) /advisor(s) of the thesis/dissertation and I will follow the relevant regulations of the Department of Medicinal and Applied Chemistry of Kaohsiung Medical University.

Student's signature : _____ Professor's signature : _____
Date : _____ Date : _____

➤ Professor Name (Adviser) : _____

- Master
 Doctoral

The department has been confirmed that Prof. _____ as a supervisor and advisor of the graduate student named _____ for his/her thesis /dissertation during his/her stipulated study period in the Department of Medicinal and Applied Chemistry, KMU, agreed based on "Department's Admissions and Academic Development Committee" announcement.

Department of Medicinal and Applied Chemistry
Date : _____