Tzu Chi University

The Institute of Medical Sciences

Dissertation Advisor Approval Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student | ID No. |  | Name |  |
| Advisor | Name |  | Institute |  |
| Advisor’s signature  Date: | | | |

The Institute of Medical Sciences Director Signature: \_\_\_\_ \_\_\_ \_

PS：(1) Graduate students should choose the dissertation advisor no later than the beginning of the third academic year.

(2) If change in dissertation advisor is requested, please fill out the “Request to Change Advisor Form” below.

(2) Please note: **Do NOT tear the bottom part of this paper.**

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The Institute of Medical Sciences

Request to Change Advisor Form

This form must be submitted to the Institute Office if a change in dissertation advisor is requested.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’ Name | Change of research area/ dissertation title |  | | |
| Reasons for  change |  | | |
| Signature Date: | | | |
| Proposed new advisor | Name |  | Institute |  |
| Signature Date: | | | |
| Previous advisor | Signature Date: | | | |

The Institute of Medical Sciences Director Signature: \_\_\_\_ \_\_\_ \_