

Taipei Medical University
International Ph.D. Program for Cell Therapy and Regeneration Medicine
Thesis Advisor Confirmation Form

Date: _____

Student Information:

Name: _____
(FIRST) (MI) (LAST)

Admission Year: _____
(MM/Year)

Student ID: _____

For Prospective Thesis Advisor:

	Chinese	English		
Advisor			Current Position and Affiliation	
Co-Advisor			Current Position and Affiliation	
Co-Advisor			Current Position and Affiliation	

Please sign below to indicate that you are willing to serve as the thesis advisor/co-advisor of _____ (Student Name).

Advisor: _____ Date: _____

Co-Advisor: _____ Date: _____

Co-Advisor: _____ Date: _____

For student:

Please sign below and return the form to Program office

Student: _____ Date: _____

Administrative Teacher: _____ Date: _____

Director: _____ Date: _____