

Advisor Change Request Form (ACRF)

International Ph.D. Program for Cell Therapy and Regeneration Medicine
College of Medicine, Taipei Medical University

Name		Student ID	
The reasons of changing advisor	<p>Student signature : _____</p> <p>Date : _____</p>		
Signature of the former advisor	<p>_____ (yyyy/mm/dd)</p>		
Signature of the new advisor	<p>_____ (yyyy/mm/dd)</p>		
Signature of the Administrative Advisor	<p>_____ (yyyy/mm/dd)</p>	Signature of the Program Director	<p>_____ (yyyy/mm/dd)</p>
Remarks	<p>1. The former advisor should make the last payments to students whom you have ever supported till the end of the month after the ACRF form is received and approved by IPCTRM. The new advisor will be responsible to provide students with the stipend or scholarship after the official approval of ACRF.</p> <p>2. Students who make advisor changes during the academic courses should pay full responsibility in his/her financial difficulty or delayed graduations.</p> <p>I am fully aware of the contents above</p> <p>Signature: _____</p>		