National Tsing Hua University College of Life Sciences and Medicine Graduate Adviser Acceptance Form

Part A:	
I,	(student's name), have contacted
professor	(proposed advisor's
name) and he/she has	s agreed to serve as advisor for my
graduate program (Pl	n.D. / Master).
(Str	udent's signature) Student ID:()
(Date)
Part B:	
I agree to serve as grad	uate advisor for the above student.
	(Advisor's signature)
(Dat	e)