臺北醫學大學口腔醫學院牙醫學系碩博士班 更換指導教授申請表

2024.09 更新

學生姓名		學程	□碩士 □博士	號	2024.09 史新				
異動類別	□原無共同指導教授,新增位共同指導教授								
	 □更換 指導教授,原為,更換為, □更換 共同指導教授,原為,更換為								
新增/異動理由說明:									
申請人簽名(含年月日):									
指導教授 (簽章+日期)	新指導教授 (簽章+日期) ※更換指導教授須簽, 如未更換則免簽。	原共同指導教授 (簽章+日期) ※新增共指免簽, 更換共指須簽。	新共同指導教授 (簽章+日期) ※新增/更換共指須簽, 如未異動則免簽。	行政老師 (簽章+日期)	所長 (簽章+日期)				

中華民國

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Taipei Medical University College of Oral Medicine Master and Ph.D. Program in School of Dentistry Change of Advisor Form

						2024.09			
Name		Progran	□Master □Ph.D.	Student ID					
Categories of changing	□ Previously without a co-adviser, now addingco-adviser(s) named □ Currently having 1 co-adviser named, now adding a 2 nd co-adviser named (The addition of a second co-adviser is only applicable to Ph.D. programs.) [Note] 1. The addition of a co-adviser requires the consent of the original adviser. 2. Master's programs may have a maximum of 1 co-adviser, while Ph.D. programs may have a maximum of 2 co-advisers. □ Changing Adviser, originally changing to								
	 Changing Co-adviser, originally changing to								
Reason: Sign (YYYY/MM/DD) :									
Original Adviser (Signature&Date)	New Adviser (Signature&Date) Signature is required for changing adviser.	addition of a	New Co- adviser (Signature&Date A signature is required for adding /changing a co-adviser.	teac	her	Director (Signature&Date)			

Date of Application: