

Taipei Medical university Institute of Data Science

Thesis Advisor Agreement Form

Date : / /

Postgraduate _____ (Student ID

No. _____) has been selected his/her

advisor _____, and has obtained the

consent of Professor. Hereby formally be reported to the Graduate

Institute of Data Science.

Advisor : _____ (Advisor Signature)

Co-advisor : _____ (Advisor Signature)

Graduate student: : _____ (Student Signature)

Sign off	
Administration teacher	Director

(If the provisions of article content and research are inconsistent, the Institute should be brought up dissimilar opinion, not allowed to be reported.)