

Taipei Medical university Institute of Data Science

Advisor Changes Request Form

Date : / /

Postgraduate _____ (Student ID

No. _____) apply for changing his/her thesis advisor to
_____. Hereby formally be reported to the
Graduate Institute of Data Science.

Former advisor : _____ (Advisor Signature)

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.)