臺北醫學大學代謝與肥胖科學研究所指導教授更換申請單

TMU Graduate Institute of Metabolism and Obesity Sciences Advisor Substitution Application Form

學號		姓名	
Student ID		Name	
年級 Year in program		聯絡電話 (手機優先) Contact phone (Mobile)	
本人因下列因素,擬申請更換指導教授,陳請同意。申請原因:			
I am seeking to replace my advisor for the following reasons:			
學生簽章 Student signature:			
中華民國 年 月 日/Date:			
簽核欄 Signatures (請由左至右依序簽核 Please sign from left to right in order)			
(原任)指導教授	(新任)指導教授	行政老師	所長
(Current) advisor	(Proposed) advisor	Administrative teacher	Department chair

^{*} The Chinese version of this document shall prevail in case of any discrepancy or inconsistency between Chinese version and its English translation.