臺北醫學大學代謝與肥胖科學研究所論文指導教授同意單

TMU Graduate Institute of Metabolism and Obesity Sciences Consent Form

申請日期: 月

	Date of Application .		
學號		姓名	
Student ID		Name	
通訊地址			
Mailing address			
户籍地址 (□同通訊地址) Residence address (□unless same as mailing address)			
西マル炊		吸加带斗	(住家 Home)
電子信箱		聯絡電話	
E-mail		Contact phones	(手機 Mobile)
論文題目 Title of thesis	(中文 Chinese) (英文 English)		
學生			
指導教授簽章 Advisor signature		共同指導教授 簽章(無則免簽) Co-advisor signature (leave blank if none)	
簽核欄 Signatures (請由左而右依序簽核 Please sign from left to right in order)			
行政老師 Administrative teacher		所長	Department chair

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