**International Master Program in Translational Science in Taipei Medical University**

**Adviser Consent Form**

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| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Student ID** |  | **Grade** |  |
| **Advisor** |  | **Rank** |  | **Department** |  |
| **Co-Advisor** |  | **Rank** |  | **Department** |  |
|  |  |  |

**Advisor (Signature) /date**： /

**Co-advisor (Signature) /date**： /

/

**Administrative professor (signature)/date**： /

**Program director (signature)/date**： /

Date: / /