National Yang Ming Chiao Tung University Institute of Technology

Master Degree's Thesis Advisor Consent Form

	Application Date:	dd	mm	уу
First Application	Change Major	Professor	(only once	e)
1. Name:				
2. Group category:Class	Group Student	Number:_		
3. Major Professor:	Signature:			
(Designation Unit:)			
4. Co-Major Professor:	Signature:			
5. When replacing Major Professor, ple Former Major Professor's Name: Institute Director's Signature:			mm	уу
*Please submit back this application f beginning of semester.	form to The Institute	within one	e month c	of the