

Tzu Chi University  
The Institute of Medical Sciences  
Dissertation Advisor Approval Form

Student	ID No.		Name
Advisor	Name		Institute
	<p style="color: red;">1. Within the past three years, have there been any research projects, both internal and external, at the university</p> <p><input type="checkbox"/>yes                      <input type="checkbox"/>no</p>		
	<p style="color: red;">2. Have there been any research papers published within the past three years, with you as the first or corresponding author, in journals indexed by SCI, SSCI, or EI</p> <p><input type="checkbox"/>yes                      <input type="checkbox"/>no</p>		
	✘Please attach your curriculum vitae		
Advisor's signature			Date:

The Institute of Medical Sciences Director Signature: \_\_\_\_\_

- PS : (1) Graduate students should choose the dissertation advisor no later than the beginning of the third academic year.
- (2) If change in dissertation advisor is requested, please fill out the "Request to Change Advisor Form" below.
- (2) Please note: **Do NOT tear the bottom part of this paper.**

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Tzu Chi University  
The Institute of Medical Sciences  
Request to Change Advisor Form

This form must be submitted to the Institute Office if a change in dissertation advisor is requested.

Student' Name	Change of research area/ dissertation title		
	Reasons for change		
	Signature	Date:	
Proposed new advisor	Name		Institute
	Signature	Date:	
✘Please attach your curriculum vitae			
Previous advisor	Signature	Date:	

The Institute of Medical Sciences Director Signature: \_\_\_\_\_