**NKUST Application for Approval of Postgraduate's Advisory Professor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Campus | □Jiangong □Yanchao □First □Nanzih □Cijin | | | | |
| Academic System | | □Master Program  □PhD Program  □in-service master’s program | | | |
| School Year & Semester | | \_\_\_\_ School Year  \_\_\_\_ Semester | Application Date | |  |
| Department/Graduate School & Class |  | | | | |
| Student ID |  | | Program | □Master's □Doctorate | |
| Student Name |  | | Phone No. |  | |
| Email |  | | | | |
| Advisor Profile | | | | | |
| □Internal □External | | | Affiliation |  | |
| Advisor Name |  | | Position |  | |
| Graduated School |  | | Degree |  | |

Advisor's Signature:

Department Chair's Signature:

Note:

Please have this application approved and signed by the advisor and department chair, and submit it to the department/graduate school for compilation and future reference.