**保健營養學系碩(博)士班論文指導教授同意單**

**(Supervision agreement form)**

|  |  |  |  |
| --- | --- | --- | --- |
| Student ID (學 號) |  | | |
| Name (姓名) |  | | |
| Current address |  | | |
| Permanent home address |  | | |
| Email (電子信箱) |  | | |
| Telephone(電話) | (Home) (Mobile) | | |
| Research topic |  | | |
| Supervisor signature |  | | |
| Co-supervisor signature |  | | |
| Signature of Chair |  | Administrator  Signature |  |

本人已詳閱並願意遵循 年度保健營養學系碩(博)士班新生手冊內所列之畢業相關規定 ; 若無法達到該畢業規定，本人同意延後或放棄學位論文審查資格。

Signature of student：

Date: year Month Date