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

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| 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.