

Form 16

Graduate Institute of Science Education
National Taiwan Normal University

Agreement Form of Thesis Advisor

(Deadline: Confirmation of thesis advisor should be made prior to the end of the student's first academic year.)

Application Date : _____ year _____ month _____ day

Student Name : _____ Student ID Number : _____

Enrollment Year : Academic year _____

I, _____, would like to seek approval from Dr. _____
_____ to be my thesis advisor.

* Please sign below if you agree to be the student's thesis advisor. *

Signature of the GISE Director : _____