**Academic Advisor Consent Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Chinese Name |  | CCU ID |  |
| English Name |  | | |
| E-mail |  | | |
| Proposed Advisor |  | | |
| Proposed  Co-Advisor (if applicable) |  | | |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (DD/MM/YYYY)

“I hereby agree to serve as the student’s academic advisor.”

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (DD/MM/YYYY)

Co-Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(if applicable) (DD/MM/YYYY)

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Program Office Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_