**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)

▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬

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