

Application for Changing Academic Advisor

Student Name: _____ CCU ID: _____

Student Signature: _____ Date: _____
(DD/MM/YYYY)

- ❖ The research results and progress relating to former advisor's research work all belong to former advisor and his/her group. All research work and instrument belonging to former group must be clearly transferred back to former advisor and his/her group. The student must comply with the confidential obligation.
- ❖ Repeal of using the former laboratory and equipment.

"I hereby agree / disagree for changing advisor."

Current Advisor Signature: _____ Date: _____
(DD/MM/YYYY)

"I hereby agree / disagree for the changing."

New Advisor Signature: _____ Date: _____
(DD/MM/YYYY)

Note 1: The applicant must obtain the signed consent of the original advisor prior to approval from the new advisor.

Note 2: This change is effective on the date it is submitted to the Program Office.

Program Office Received Date: _____