

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: _____