The Master Program in
Smart Healthcare Management
National Taipei University

Change of Thesis Advisor Application Form

Student's Name (PRINT) _____ **Student ID** _____

Advisor' Name (PRINT) Previous Thesis Advisor: _____

Department: _____

New Thesis Advisor: _____

Department: _____

Signature _____ **Date (YYYY/MM/DD)** ____ / ____ / ____

■ **Previous Thesis Advisor**

Signature _____ **Date (YYYY/MM/DD)** ____ / ____ / ____

■ **New Thesis Advisor**

Signature _____ **Date (YYYY/MM/DD)** ____ / ____ / ____

Program Director

(PRINT) _____

Signature _____ **Date (YYYY/MM/DD)** ____ / ____ / ____

Program Chop