**Master’s Program in Taiwan and Asia-Pacific Studies, College of International Studies (English-Taught Program)**

**Tamkang University**

\_\_\_\_\_\_\_ Academic Year \_\_\_\_\_\_\_ Semester

**Form of Consent**

Date of Registration：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Filled by the Institute)

|  |  |
| --- | --- |
| Name of Thesis Adviser |  |
| Adviser’s Highest Degree |  |
| Field of Research |  |
| Current Position |  |
| Certificate Number of Professorship | (If your adviser is not teaching at Tamkang or never advises students of this program, this certificate number MUST be filled.) |
| Contact Address and Home or Cellphone Number |  |
| Name of Applicant |  |
| Student ID No. |  |
| Cellphone No. |  |
| Direction of Research or Topic of Thesis |  |
| Estimated Time for Thesis Completion |  |
| Student（Signature）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Thesis Adviser（Signature）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director（Signature）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ (Month) \_\_\_\_\_\_\_\_\_\_ (Day), \_\_\_\_\_\_\_\_\_\_ (Year) |

* Content of the above form regarding to the adviser’s information can be filled by the student (columns with gray color MUST be filled). Student himself/herself must fill his/her own information in person.
* After having both signatures of the adviser and graduate student, please send it back to the institute office in accordance with the deadline.
	+ **I have read and have agreed with the "Collection and Use of Personal Information" policy, which has been announced at the Graduate Institute of the Americas Website.**

**Signature：**