臺北醫學大學代謝與肥胖科學研究所論文指導教授同意單

TMU Graduate Institute of Metabolism and Obesity Sciences Consent Form

申請日期: 年 月 日

Date of Application:

學號		姓名		
Student ID		Name		
通訊地址				
Mailing address				
户籍地址 (□同通訊地址) Residence address (□unless same as mailing address)				
電子信箱		聯絡電話	(住家 Home)	
E-mail		Contact phones	(手機 Mobile)	
	(中文 Chinese) (英文 English)			
論文題目				
Title of thesis				
	※論文題目與內容須具同質性並符合本所專業領域認定,論文原創性比對報告結果之相似度須低於 30%(排除參考文獻)。※ ※The title and content of thesis have to be consistency and conform to the professional field of Metabolism and Obesity Sciences, and the similarity report on the originality thesis is under 30% limit (excluding References).※			
學生 (簽章)已詳閱並願意遵循年度代謝與肥胖科學研究				
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dissertation.				
指導教授簽章 Advisor signature		共同指導教授 簽章(無則免簽) Co-advisor signature (leave blank if none)		
簽核欄 Signatures (請由左而右依序簽核 Please sign from left to right in order)				
行政老師 Administrative teacher		所長 Director		

^{*} The Chinese version of this document shall prevail in case of any discrepancy or inconsistency between Chinese version and its English translation.