

Thesis Advisor Record

The submission deadline will be before June 1st of the first academic year.

I, _____ (student's name) , hereby declare that I will do
my thesis research advised by

Drs. _____ in _____ and
(Primary advisor's name) (campus name)
_____ in _____.
(Co-advisor's name) (campus name)

I will follow the regulations of the Interdisciplinary Neuroscience Ph.D. program.

Student's signature : _____ Date: _____

I agree to serve as the thesis advisor for _____, and
(Student's name)

follow the regulations of the Interdisciplinary Neuroscience Ph.D. Program.

Notice:

- According to TIGP-INS Regulations, one faculty (served as the primary advisor) is limited to take 2 INS students.
- Students' stipend will be provided based on the TIGP-INS stipend regulations. TIGP-INS faculty guideline and stipend regulations will be sent by office after receiving this form. If there is any question, please contact with TIGP-INS office (tigpins@gate.sinica.edu.tw).

(1) Primary advisor's signature : _____ Date: _____

(2) Co-advisor's signature : _____ Date: _____