**Kaohsiung Medical University (KMU) Department of Medicinal and Applied Chemistry International Graduate Student Selecting Adviser Application Form (for Whom Transfer Institutes)**

106/10/19 (106)-2nd Department Meeting

**(I.) Student Information:**

Level: □ Master Degree □ Ph.D Program

Name： Student ID： Gender:

Nationality: Passport No.:

Date of Birth: E-mail：

Current Address:

Phone：

Permanent Address:

Permanent Phone：

Contact Person: Relation: Phone:

**(II) Affidavit and Declaration:**

1. Please realize that you can transfer to other institute/graduation school only for one time, and the cancellation is forbidden once your application is approved and effective. Besides, the maximum period of study will **not** be extended due to your transfer.
2. Once your application is approved and effective, the graduation requirements is followed by the institute/graduation school you have transferred to.
3. The research findings in your original institute can never be the part of your dissertation nor the research findings in the institute/graduation school you have transferred to, unless you receive the formal approval from your original advisor.

I hereby certify that I have understood the regulations for transferring institutes as aforementioned.

Signature of Original Advising Professor/Institute:

Signature of Intend Advising Professor/Institute:

Signature of Applicant: