**Kaohsiung Medical University (KMU)**

**Department of Medicinal and Applied Chemistry**

**TEEP Potential Adviser Agreement Form**

Student Information:

Full Name：

Phone： E-mail：

I, Prof. , has been confirmed that I’m the potential adviser of the application student named for his/her thesis /dissertation during his/her stipulated study period in TEEP program in the Department of Medicinal and Applied Chemistry, KMU.

Professor’s signature：

Date：