

Taiwan International Graduate Program SNHCC
Thesis Advisor / Co-advisor Consent Form

Student's Name: _____ Registered University: _____

Student ID: _____ Mobile/Telephone: _____

Email Address: _____

Student's Signature: _____ Date: _____ (dd/mm/yyyy)

Thesis Advisor's Name: _____

(PRINTED)

Co-Advisor's Name: _____

(PRINTED)

1. 2014 年入學者(現博 2 生), 獎助金仍由辦公室負擔 3 萬 4 千元共 36 個月, 沒有聯席會議提及之 30 個月規定, 也無須要求指導教授簽立切結同意書。換言之, 2014 入學者獎助金支領將於 2017 年 8 月底結束。
2. 2015 年(含)以後入學者(現博 1 生及其後入學者), 不論院內或合作大學教授, 辦公室將支付 3 萬 4 千元共 24 個月(博 1、博 2)及 1 萬元共 12 個月(博 3), 換言之, 指導教授於學生博 3 期間將最高負擔 2 萬 4 千元共 12 個月。以 2015 年入學者為例, 其指導教授將於 2017 年 9 月開始負擔學生獎助金每月 2 萬 4 千元。
3. 若干合作大學給予本院外籍生學雜費減免者, 基於互惠原則, 辦公室將會替學籍屬該校且選擇該校教師為指導教授之學生支付獎助金 3 萬 4 千元共 36 個月, 學籍屬該校但選擇院內教師為指導教授之學生, 辦公室依上述實施要點 2 負擔其博 3 獎助金 1 萬元。目前合作大學對本院外籍生學雜費減免狀態概述如下, 日後如有學雜費減免異動, 辦公室將適度調整。
 - 1 陽明、台師大、國防、成大、政大: 外籍生學雜費全面與本地生相同, 依實施要點 3 辦理
 - 1 台大: 外籍生學雜費部分減免, 辦公室負擔博 3 獎助金將大於 1 萬且小於 3 萬 4 千, 確切金額由長官屆時決定
 - 1 清大、交大、中興、中央: 未給予外籍生學雜費減免(亦即外籍生學雜費為本地生 2 倍), 依實施要點 2 辦理敬請各位學程召集人及助理協助通知學程教授以上獎助金給付原則。另外, 為維持 TIGP 獎助金 3 年 3 萬 4 千元之宣傳策略, 敬請各學程落實博 2 與博 3 之 merit-based 評鑑, 符合學程訂定之相關標準者, 學生仍於博 2 與博 3 可支領每月 3 萬 4 千元(根據以上獎助金給付原則, 學生之指導教授於該生博 3 期間需負擔最高 2 萬 4 千元獎助金)。

Thesis Advisor's Signature: _____ Date: _____ (dd/mm/yyyy)

Co-Advisor's Signature: _____ Date: _____ (dd/mm/yyyy)

Coordinator's Signature: _____ Date: _____ (dd/mm/yyyy)

Notes:

1. Thesis advisor and co-advisor must be from SNHCC Core Faculty.
2. The student should take responsibility to find his/her own advisor and co-advisor.
3. This form must be completed, signed by the appropriate individuals, and submitted to the TIGP SNHCC office by the student.

Approval

Coordinator	Academic Affairs Meeting
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Taiwan International Graduate Program SNHCC

Petition for Change of Advisor

Student's Name: _____

Registered University: _____

Student ID: _____ Mobile/Telephone: _____

Email Address: _____

Student's Signature: _____ Date: _____ (dd/mm/yyyy)

Original Thesis Advisor's Name: _____
(PRINTED)

Original Co-Advisor's Name: _____
(PRINTED)

Original Thesis Advisor's Signature: _____ Date: _____ (dd/mm/yyyy)

Original Co-Advisor's Signature: _____ Date: _____ (dd/mm/yyyy)

"I hereby agree to serve as the thesis advisor for the above named student."

New Thesis Advisor's Name: _____
(PRINTED)

New Co-Advisor's Name: _____
(PRINTED)

New Thesis Advisor's Signature: _____ Date: _____ (dd/mm/yyyy)

New Co-Advisor's Signature: _____ Date: _____ (dd/mm/yyyy)

Coordinator's Signature: _____ Date: _____ (dd/mm/yyyy)

Approval

Coordinator	Academic Affairs Meeting
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