

長庚大學健康數據科學研究所
Institute of Health Data Science, CGU

指導教授同意書 Thesis Advisor Consent Form

本人同意擔任長庚大學健康數據科學研究所碩士班

學生(student name)：_____

學號(student ID)：_____

之論文指導教授，於學生修業期間，本人將負責研究生論文研究指導相關事宜。

I agree to serve as the thesis advisor for students in the Master's program at the Institute of Health Data Science, CGU. Throughout the course of the student's studies, I will take responsibility for guiding and supporting their graduate thesis research.

指導教授(Advisor)：_____

中華民國

年
year

月
month

日
date



長庚大學
CHANG GUNG UNIVERSITY



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