



Appendix 5 : Potential Adviser Agreement Form

Kaohsiung Medical University (KMU)

(Applicable for designated programs, please refer to “H. Admission Criteria of Each Program”)

- Program Applied:**
- School of Pharmacy
 - School of Pharmacy – Master Program in Clinical Pharmacy
 - Dept. of Medicinal and Applied Chemistry
 - Master Program in Medicinal Chemistry and Biotechnology
 - Ph.D. Program in Life Sciences

Applicant’s Information:

Full Name: _____

Nationality: _____

Phone: _____

E-mail: _____

Application Details:

- Applying for Master’s Degree Ph.D. Degree
 Admission enrollment on Fall Semester Intake Spring Semester Intake

Interview Details:

- Interview mode: E-mail Conversations only
 Telephone Interview
 Online Interview
 Personal Interview
 Others (Specify) _____

I, Prof. _____, have been contacted/interviewed with _____ (applicant’s name), and checked/verified his/her application documents, and I am certain that he/she will be a potential student for my research lab. Therefore, I hereby agree that I can be a potential adviser for his/her thesis/dissertation during his/her stipulated study period in the _____ (program’s name) program, KMU.

Professor’s Signature: _____

Date: _____

Notice :

Applicants can find more information about the faculty members and their specialties on the website:

- (1) School of Pharmacy & School of Pharmacy – Master Program in Clinical Pharmacy: <https://pharm.kmu.edu.tw/index.php/en-GB/faculty>
- (2) Department of Medicinal and Applied Chemistry: <https://chem.kmu.edu.tw/index.php/en-GB/faculty>
- (3) College of Life Science: <https://clife.kmu.edu.tw/index.php/en-GB/faculty-members>