



Appendix 4: Potential Adviser Agreement Form

(for applicants to the Dept. of Medicinal and Applied Chemistry)

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
 Skype 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 Department of Medicinal and Applied Chemistry, KMU.

Professor's Signature : _____

Date : _____