



## Appendix 4: Potential Adviser Agreement Form Kaohsiung Medical University (KMU)

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

**Program Applied:**     School of Pharmacy  
     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 School of Pharmacy/Department of Medicinal and Applied Chemistry, 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: <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>