**亞洲大學健康產業管理學系博士班(心理學組)**

**博士論文指導教授同意書**

**Ph.D.’ Program in Department of Healthcare Administration**

**Specialty in Psychology, Asia University**

**Doctoral dissertation Advisor Agreement**

本人同意指導I agree to serve as the doctoral dissertation advisor of the following student:

研究生Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 學號Student ID：\_\_\_\_\_\_\_\_\_\_\_\_

擬撰寫論文Proposed doctoral dissertation title

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指導教授Advisor (簽章Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_

共同指導教授 Co-advisor (簽章Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

研究生Student (簽章Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  | 姓名Name | 通訊處Address | 電話 Phonenumber |
| 教 師Advisor |  |  |  |
| 研究生Student |  |  |  |

 系所主管同意簽章Approved by Chair, Department of Psychology：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (簽章Signature) Date: \_\_\_\_\_\_\_\_\_\_\_