

National Chung Cheng University

Department of Computer Science and Information Engineering

Master Thesis Advisor Agreement

I, the undersigned, agree to advise the Master Thesis research of _____

(student's name) enrolled under Registration No. _____.

Telephone: Home: () _____ Mobile: _____

E-mail Address: _____

Previously Graduated School: _____

Contact Address: _____

Emergency Contact Person's Name and Tel.: _____

Advisor's Signature: _____

Date: _____

PS: This form must be filled and submitted to the department office within one month after registration, please submit by _____.