

National Chung Cheng University

Department of Computer Science and Information Engineering

Doctorate Dissertation Advisor Agreement

I, the undersigned, agree to advise the Doctorate Dissertation 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 \_\_\_\_\_.