TMU Professional Master Program in Artificial Intelligence in Medicine

Change of Thesis Adviser Form

Date： (y)/ (M)/ (D)

Graduate student 　 　　　(Student no:　　　 ) has changed 　　　 to become his/her

Main Adviser /Co-Adviser **(Please Circle)**, and has obtained the consent of Professor. Hereby formally be reported to the Professional Master Program in Artificial Intelligence in Medicine.

Original adviser: (Signature) (Required)

Original co-adviser: (Signature) (If Applicable)

New adviser: (Signature) (If Applicable)

New co-adviser: (Signature) (If Applicable)

Graduate student: (Signature) (Required)

|  |  |
| --- | --- |
| AIIM Office | |
| Administration Secretary | Director |
|  |  |

（If the above information against AIIM regulations, it will not be allowed to be reported.）