TMU Professional Master Program in Artificial Intelligence in Medicine

Thesis Adviser Agreement Form

Date： (y)/ (M)/ (D)

Graduate student 　 　　　(Student no:　　　 ) has selected his/her adviser 　　　 , and has obtained the consent of Professor. Hereby formally be reported to the Professional Master Program in Artificial Intelligence in Medicine.

Adviser: (Signature)

Co-adviser: (Signature)

Graduate student: (Signature)

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

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