

Department of Health Promotion and Health Education, NTNU
Graduate Student Thesis Advisor Application Form

➤ **Student Basic Information:**

Name:	Student ID:
Grade:	Program: <input type="checkbox"/> Master <input type="checkbox"/> Ph.D.
Admission Semester: (ex: 2025 Fall semester)	
Academic Background: (Bachelor program/ Grad School)	

➤ Please outline the research interests of your thesis:

➤ I, [Your Name], am looking forward to having
Dr. [Dr.'s Name] guide me with my
thesis research.

➤ Student's signature: _____, Date: _____

-----The following portion should be filled out by the advisor-----

➤ Advisor's Comment:

☐ I am willing to guide this student

☐ Not available

Advisor's signature _____, Date: _____

Co-advisor's signature _____, Date: _____

Notes: This form should be signed by both the student and the advisor on a paper copy. After signing, please scan the form and email it to joanne0518@ntnu.edu.tw.