**Department of Bioinformatics and Medical Engineering**

**Bachelor Thesis Advisor Agreement Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Student name |  | Date |  |
| Thesis advisor（Full Time faculty） | | Other members of the group | |
| Name: | | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Thesis advisor statement | | | |
| I agree to serve as the thesis advisor for the above named student.  signature of advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Signature of Department Chairman | |  | |

Note 1: This form is submitted in triplicate to the academic committee of the department for review and approval, one for the department, one for the advisor, and one for the student.

Note 2: This form is submitted after enrollment and before the end of second semester of year three study.

Note 3: In addition to filling in this application form, those who change their advisors need to fill in an application form for the change of advisors and submit it to the academic committee for review.

**Department of Bioinformatics and Medical Engineering**

**Application for Change of Thesis Advisor**

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| Department |  | | |
| Student ID |  | | |
| Name |  | | |
| Reasons for change of advisor |  | | |
| Signature of advisor | Date: | Signature of new advisor | Date: |
| Original thesis title |  | | |
| New thesis title |  | | |
| Signatures of Graduate Committee members | Date: | | |

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| Asia University  Department of Bioinformatics and Medical Engineering  Bachelor Thesis  Title:  This bachelor's thesis has been reviewed by the advisor and is hereby certified.  Student:  Advisor:  Date: |