

神經醫學博士學位學程

Ph.D. Program in Medical Neuroscience, TMU

實習同意書

Consent Form for Laboratory Rotation

學生資訊 Student information	姓名 Name	
	學號 Student ID No.	
	聯絡手機 Contact Number	
	Email	
PI information	姓名 Name	
	職稱 Job Title	
	任職機構/單位 Institute or Center	
	連絡電話 Contact Number	
	Email	
實習時間 Rotation Time	From _____ To _____ (mm/dd/yyyy) ※ First Year Curriculum Ph.D. students are required to enroll 96 hours (in 3 months) laboratory rotations. ※ Students are expected to spend about 8 hours weekly in laboratory work.	

學生簽名/Student's Signature : _____	PI 簽名/PI's Signature : _____
簽署日期/Date : _____ (mm/dd/yyyy)	

※ 請各位同學於 Lab Rotation 開始 2 週前，將本表回傳至學程辦公室給何秘書 (yuling0208@tmu.edu.tw)，以利後續行政作業，謝謝您!

※ Please return the completed form to Program Office by email (yuling0208@tmu.edu.tw) within two weeks before lab rotation begins.