

神經再生醫學博士學位學程

The Ph.D. Program for Neural Regenerative Medicine, TMU&NHRI

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(neural@tmu.edu.tw)，以利後續行政作業，謝謝您!

※ Please return the completed form to Program Office by email (neural@tmu.edu.tw) within 2 weeks before lab rotation begins.