

International Master Program in Medical Neuroscience in TMU

Application form for change of thesis advisor

Name		Student ID	
Admission year		Grade	
Original Advisor		Title	Department
Original Co-Advisor		Title	Department
New Advisor		Title	Department
New Co-Advisor		Title	Department

Reasons for changing the Advisor/Co-Advisor:

Original Advisor (signature)		New Advisor (signature)	
Original Co-Advisor (signature)		New Co-Advisor (signature)	
Administrative professor (signature)		Program director (signature)	