

元智大學研究生更換指導教授申請書

申請人		學號		日期	
_____系(所、學位學程)_____碩(博)士班 _____年級					
連絡電話		E-mail 信箱			
現任指導教授	_____ 教授				
事實陳述說明					
☐ 本人保證以上所述及檢附之資料皆屬事實。 ☐ 檢附「元智大學研究生更換指導教授切結書」					
申請人簽名					

元智大學研究生更換指導教授切結書

立切結書人_____為_____系/所/學位學程_____年級碩士班(博士班)研究生(學號:_____),因終止原指導教授_____指導關係,承諾並切結遵循下列條款:

1. 本人承諾自本切結書簽署之日起,已完成實驗室財產與資料返還,並承諾不得使用、揭露、移轉、發表、刪除、變更或提供任何源自原實驗室之未公開研究資料、數據、模擬檔案、分析成果、論文草稿或相關檔案予第三人。
2. 本人若有違反本切結書第一點之情事(如擅自移轉資料或發表等),一經查證屬實,願自行承擔相關學術倫理與智慧財產權之法律責任外,並願接受學校依校規之處置。

此致 _____系/所/學位學程

立切結書人_____ (簽名蓋章)

身分證字號/居留證號: _____

聯絡電話: _____

備註:一式二份,由學生、系所辦公室各執一份。

Applicant		Student ID No.		Date	
Department/Institute/Degree Program: _____					
Master's/Ph.D. Program: _____					
Grade/Year: _____					
Tel. No.		E-mail Address			
Current thesis/dissertation advisor	Professor _____				
Statement of Facts/ Explanation					
☐ I hereby guarantee that the statements made above and the attached documents are true and accurate.					
☐ Attached: " Affidavit for Replacement of Graduate Student Thesis/Dissertation Advisor of Yuan Ze University "					
Applicant's Signature					

Affidavit for Replacement of Graduate Student Thesis/Dissertation Advisor of Yuan Ze University

I, _____, the undersigned, a _____ year Master's (Ph.D.) student
(Student ID No.: _____) in the Department/Institute/Degree Program of _____,
due to the termination of the advising relationship with my original
thesis/dissertation advisor, Professor _____, hereby undertake and commit
to abide by the following terms:

1. I undertake that, from the date of signing this Affidavit, I have completed the return of all laboratory property and data. I further commit that I will not use, disclose, transfer, publish, delete, alter, or provide to any third party any undisclosed research data, statistics, simulation files, analytical results, thesis drafts, or related files originating from the original laboratory.
2. In the event of any violation of Article 1 of this Affidavit (such as unauthorized transfer of data or publication), once verified as true, I am willing to bear all relevant legal liabilities concerning academic ethics and intellectual property rights, and I accept any disciplinary actions imposed by the University in accordance with campus regulations.

To: The Department/Institute/Degree Program of _____

Undersigned (Signature & Seal): _____

ID / Alien Resident Certificate (ARC) No.: _____

Phone Number: _____

Note: This document is executed in duplicate, with the student and the department/institute office each retaining one copy.