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**National Chiao Tung University**

 **Department of Photonics**

**Doctor Thesis Advisor Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the doctor candidate and undersigned, hereby invite Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be my thesis advisor and agree to obey the following terms and conditions:

I am not allowed to change my advisor except for special reasons. If changing the advisor is required, a written permission should be acquired from the original advisor and submitted to the Institute for reference.

**Advisor: (Print & Signature)**

 **Co-Advisor (if applicable): (Print & Signature)**

**Director of the Institute: (Signature)**

**Doctor Candidate:** **(Signature)**

Student No.: Date: