

**國立中山大學生物醫學科技學系**  
**專題研究教授晤談紀錄暨指導教授同意單**

Department of Biomedical Science and Technology  
Research Project Interview Record and Advisor Consent Form

|                   |               |
|-------------------|---------------|
| 學生姓名/Student Name | 學號/Student ID |
|-------------------|---------------|

與本系所教師晤談後，請老師簽名確認：

After interviewing with the department faculty members, please obtain the professors' signatures for confirmation below.

| 單位 Unit | 晤談教授簽名<br>Professor's Signature | 晤談日期<br>Date of Interview |
|---------|---------------------------------|---------------------------|
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確認指導教授簽名/  
Research Project Advisor's Signature

日期/Date

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|-----------------------------------------|-------------------------|
| 系辦登錄 Department Office Record / 日期 Date | 系主任核章/Chair's Signature |
|-----------------------------------------|-------------------------|