

Advisor Agreement Form

CGU-SUTD Dual Master Program in Nano-Electronic Engineering and Design (NEED)

【Student Basic Information】

First Name: _____ Last Name: _____

Student I.D.: _____ Admission year: _____

Contact number: (dormitory ext) _____, (phone) _____

I, _____ (name), would like Prof. _____

from SUTD to be my supervisor and Prof. _____ from CGU to be

my co-supervisor. I understand that I cannot change supervisor and co-supervisor

without former approval.

Supervisor's signature:

Co-supervisor's signature:

Date (yyyy/mm/dd/):

Date (yyyy/mm/dd/):
