

## MOLECULAR AND CELL BIOLOGY PROGRAM

## THESIS ADVISOR RECORD

MCB  
Form 301

I, THE UNDERSIGNED, hereby acknowledge I have read, completed and returned the attached form on "thesis advisor record".

I also acknowledge that I have read the attached "information for a thesis advisor and graduate student of MCB Program" and instructions on the curriculum; and that I fully understand the guidelines and the requirements for the Ph.D. study in TIGP-MCB Program.

I, \_\_\_\_\_ (student's name), hereby declare that I will do my thesis research in the lab of Dr. \_\_\_\_\_ (advisor's name) at \_\_\_\_\_ (#Room, Institute's name). I will follow the regulations of the MCB Ph.D. program.

Student's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

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I agree to serve as the thesis advisor and the committee coordinator of (student's name), and follow the regulations of the MCB Ph.D. Program.

PI's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

I also nominate the PIs below as the thesis committee members:

	Name	Institute	position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____ (optional)	_____	_____

Please return this record to the TIGP-MCB office before the start of the third semester.

A new regulation was passed in 2019 to require all TIGP programs to conduct a regular review on the scholarship/stipend of TIGP students based on their performance, and **the minimum stipend being set at NT\$ 28,000 per month**. This new regulation applies to TIGP students enrolled in and after the academic year 2019.

The current regular scholarship for a TIGP student is NT\$34,000/month. If a student fails to meet the merit-based policy, his/her scholarship should not be reduced to less than NT\$28,000/month to comply with this regulation. In rare circumstances and with written approval from the TIGP Office, a student's scholarship may be temporarily lowered to less than NT\$28,000/month. However, if this abnormal condition persists, the program committee will intervene.

Faculty members of all TIGP programs, either from Academia Sinica or partner universities, must agree to obey this regulation before accepting a TIGP student.

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I have read, understood, and agree to comply with this regulation.

Student's Name: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_