**Consent letter of Advisor and Postgraduate**

**In Department of Geomatics at National Cheng Kung University**

1. **Student part：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Student ID** |  | **Phone number** |  |
| **Class** | **□PhD □Master** |
| **Address** |  |
| **E-mail** |  |
| **Laboratory**  |  |

1. **Advisor part：**

**Advisor：　　　　　　　　　(Signature)**

**Date：　 　/　　　/　　 (yymmdd)**

1. **Lab regulations：(please add some supplementary statements )**
2. **Hand in Date**

**Master student：Submit to department office before Oct.30 at the first semester of the first session.**

**PhD student：Submit to department office with the** **application form of qualifying examination.**