

癌症生物與藥物研發學位學程
實習合約書

Student's Name : _____

Student ID No. _____

PI's Name : _____

PI's Institute or Center: _____

Rotating Lab Rm. # : _____

Student's Signature :

PI's Signature :

Date : _____ / _____ / _____ (mm/dd/yy)

※Please return the completed form to CBDD office at Email: aca89@mail.cmu.edu.tw within 1 week after the lab rotation begins.