

# 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](mailto:aca89@mail.cmu.edu.tw) within 1 week after the lab rotation begins.