**Consent of Student Joining in Summer Research Program**

On behalf of the legal representative of student who apply summer learning, I

(Name: Department: Year: Student Number: ) will accept the scholarship of summer research, an amount of NT$ 3,000 per month, provided by Kaohsiung Medical University. I will study for two months and agree to comply with the rules below:

1. After the summer program, please submit the report signed by advisor to the Division of Academic Research of ORD no later than Sept 30, 2015.
2. Applicants fail to submit their report shall not be granted with the scholarship.
3. Student should comply with the guidelines of using laboratory and follow the instructions of advisors. Students are responsible for confidentiality and should not infringe the intellectual property rights of others. In case of any violations, they should be obliged to take the full responsibilities of its consequence.
4. This consent shall come in triplication and the student, advisor and the Division of Academic Research shall respectively keep one copy.

Attention Kaohsiung Medical University

Signature of Student:

Signature of Advisor:

Signature of Executive Director of Department:

Date: