



**MEETING WITH D. MIN. DIRECTOR ACKNOWLEDGEMENT FORM**

Name (English): \_\_\_\_\_ (Chinese): \_\_\_\_\_

Student ID: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

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

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit this form to the Academic Department.*