材料系□碩士□博士畢業口試委員資格審查申請表

Application for Committee Member’s Qualification

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| --- | --- | --- | --- |
| 指導教授簽名：Advisor’s Signature |  | 申請日期Date |  |
| 學生姓名Name | 學號Student ID | 年級Grade | 聯絡電話Phone No. | 口試日期Oral Test Date |
|  |  |  |  |  |
| 論文題目Dissertation |  |
| 請惠予審查下列口試委員之資格： |
| 姓名Committee member’s name： | 學歷Education： | 現職Position： |
|  |  |  |
| 檢附資料Attachment：□學經歷資料Academic experience□論文著作一覽表List of papers |
| 審核結果 | □同意 □不同意 |
| 學術小組召集人： 會議日期：  |

\*Master Degree: committee member who is not assistant professor nor in the approved list.

\*Doctoral Degree: committee member who is not associate professor nor in the approved list.