

Providence University
Master's Graduation Examination (Oral Defense)
Application for _____ Semester of Year _____

※Fill in all the spaces correctly; do not leave anything blank.

Date of Application: _____

Student ID No.		Faculty	Department of _____	<input type="checkbox"/> Master's
Name			<input type="checkbox"/> First-Year <input type="checkbox"/> Second-Year Division: MBA <input type="checkbox"/> Third-Year <input type="checkbox"/> Fourth-Year	<input type="checkbox"/> Graduate School programs for working professionals
Time of Oral Defense	Date: _____ month / date / year	Time: _____	<input type="checkbox"/> am / <input type="checkbox"/> pm	
Venue of Oral Defense				
Thesis Title	(Chinese)			
	(English)			

Required Documents: <input type="checkbox"/> Transcript <input type="checkbox"/> Turn it in result _____ % <input type="checkbox"/> Proof reading	Person in charge
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Panel Members

*should possess one of the following qualifications: **(A)** Has served as professor or associate professor; **(B)** Has served as an academican of the Academia Sinica or a research fellow or an associate research fellow; **(C)** Possesses a Ph.D. degree with significant achievements in the academic field; **(D)** For rare fields or special academic fields, has a significant academic or professional achievement

Name	Teaching License No. + Position	Department served	Qualification	Field of Expertise	※Remarks
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		<input type="checkbox"/> Advisor <input type="checkbox"/> Coordinator <input type="checkbox"/> Committee Member
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		<input type="checkbox"/> Advisor <input type="checkbox"/> Coordinator <input type="checkbox"/> Committee Member
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		<input type="checkbox"/> Advisor <input type="checkbox"/> Coordinator <input type="checkbox"/> Committee Member
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		<input type="checkbox"/> Advisor <input type="checkbox"/> Coordinator <input type="checkbox"/> Committee Member

Signature of Person in Charge		Signature of Thesis Advisor/Co-advisor		Signature of College Dean/Department Chairman	
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- Attention:**
- Applicants for graduation examinations should apply ONE month before the scheduled date of the oral defense.
 - There will be 3 to 5 members of the oral defense panel for master's degree; 5 to 9 members of the oral defense panel for Ph.D. degree (Members from outside of the university should make up at least one-third of the panel).
 - Applications that have already been sent out may not be revised in any way. Should it become necessary to re-schedule the oral defense, please notify department secretary immediately, who will in turn notify the Registrar's Office to update relevant information.