

Providence University
Midterm Thesis Review (Pre-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 _____ <div style="float: right;"> <input type="checkbox"/> Master's <input type="checkbox"/> Graduate School programs for working professionals </div>		
Name			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-Year <input type="checkbox"/> Second-Year <input type="checkbox"/> Third-Year <input type="checkbox"/> Fourth-Year </div> <div>Division: MBA</div> </div>		
Time of Midterm Thesis Review	Date: _____ Time: _____ <input type="checkbox"/> am/ <input type="checkbox"/> pm <small>month / date / year</small>				
Venue of Thesis Review					
Thesis Title	(Chinese)				
	(English)				
Required Document: <input type="checkbox"/> Research Ethics Certificate <input type="checkbox"/> Soft copy for Program Office			Person in charge _____		
Panel Members *should possess one of the following qualifications: (A) Has served as professor or associate professor; (B) Has served as an academician 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	

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.