

List of Reviewers for the Appointment and Evaluation of Thesis Examination Committee Members

Academic Year: _____, Semester: _____

1. Basic Information of Graduate Students

Student Name	Student ID	Department of Enrollment	Advisor's Name

2. List of Examination Committee Members

Name	Service Unit	Service Position	Educational Background	Complies with the provisions of Article 11 of the Degree Conferral Act.	Note
				<input type="checkbox"/> 1. Current or Former Professor, Associate Professor, or Assistant Professor. <input type="checkbox"/> 2. Academicians of Academia Sinica; current or former researchers, associate researchers, or assistant researchers of Academia Sinica. <input type="checkbox"/> 3. Individuals holding a doctoral degree with notable academic achievements.. <input type="checkbox"/> 4. Individuals whose research fields belong to rare or specialized disciplines, or who are engaged in professional practice, with significant academic or professional accomplishments (supporting documents attached).	
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Advisor's Signature: _____ **Date:** ____ Year ____ Month ____ Day

The listed members were approved for appointment based on the qualifications review at the Departmental Affairs Meeting of the [academic year], [semester], [meeting number], held on [date, month, year].

Signature of Department Chairman: _____