學年度 Academic Year 第學期	Semester
博士班博士生論文口試委員推薦表	

## Form to Recommend Thesis Oral Exam Committee Members

104.07.23 修訂

博士生姓名 Stude	ent Name:	學號_Student N	Jumber:論 	文題目 Thesis Title:
				口試日期 Oral Exam
Date:年 Yr	月 M 日(星期	D (Day of a	week)	試時間 Oral Exam Time:
口試地點 Oral Ex	cam Venue:			
論文口試委員 Or	ral Examination Committee	e Members:		
姓名	服務單位		職稱	備註
				(非學校單位,請加填地址)
Name	Affiliation	最高學歷	Title	Remark
		Highest Degree		(For an external member, please add contact address)
				□校外委員請加發聘函 Letter of appointment for an external member □地址 Address:
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