附件8

**國立成功大學醫學院護理學系碩士班**

**Department of Nursing, National Cheng Kung University**

**學位考試審查委員審核表**

**Master Graduation Examination Oral Committee Audit Form**

108學年度第6次系務會議訂定 109.1.6

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| --- | --- | --- | --- |
| 學生姓名  Name |  | 學號  Student ID |  |
| 聯絡電話  Contact Number |  | E-mail |  |
| 申請學年度  Academic year of application |  | 口試日期  Final Defense Date |  |
| 論文題目(中文)  Thesis title (Chinese) |  | | |
| 論文題目(英文)  Thesis title (English) |  | | |
| 委員姓名  Oral committee name |  | 服務機關  Service Institution |  |
| 職稱  Job position/title |  | 最高學歷  Highest education level |  |
| 具體描述與論文主題相關之經歷，並提供附件佐證  Describe the experience related to the topic of the thesis in detail, and provide supporting documents |  | | |

指導教授簽名：

Advisor Signature