

Application form for Master Degrees Examination

_____ Academic year _____ semester

Date: _____

Student ID No.		Name		Department	Graduate Institute of Mathematics & Science Education
Title	Chinese :				
	English :				
Date & Time				Location	Science Building Room _____
Phone No.				Student Signature	
Qualification examination	<input type="checkbox"/> The applicant has completed the compulsory and required courses 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____				
	<input type="checkbox"/> Our department doesn't have regulations of compulsory and required courses <input checked="" type="checkbox"/> The applicant has completed required <u>34</u> credits <input type="checkbox"/> The applicant conforms to study regulations. <input checked="" type="checkbox"/> <i>The applicant has uploaded mug shot to administration system.</i> Attachment <input checked="" type="checkbox"/> Transcript for all semesters <input type="checkbox"/> Photocopy of course confirmation in this semester <input checked="" type="checkbox"/> Abstract <input checked="" type="checkbox"/> Advisor recommendation				
Committee Members	Name	University & Position	Educational Qualification	Tel.	符合委員資格款次暨教師證書字號
			Doctor		符合第 款次資格教字第 號
			Doctor		符合第 款次資格教字第 號
			Doctor		符合第 款次資格教字第 號
Notice: 1. If the examination can't be held after the application for some reasons, the applicant should fill in revoked form to cancel the examination in this semester. Once it is not cancelled before deadline, the examination is deemed to fail. 2. Advisor should be one of committee members but not be convener. 3. The final examination needs to be done before 20th January in the first semester and the final revision should be handed in before 31st January. In the second semester, the final examination needs to be done before 20th July and the final revision should be handed in before 31st, July. If the revision isn't handed in before 31st, student still has to register for the next semester.					

Advisor :

Verifier :

Chairperson :

Dean :

Office Of Academic Affairs Verifier :

Section Chief :

Director :

Expiration date : 2 years
Form No. : 022-3-01-1801