

**National Yang Ming Chiao Tung University**  
**Institute of Microbiology and Immunology**  
**Master Program**  
**Oral Defense**

Name:                                  Year:    Date:    年    月    日

Thesis Title:

Record:

Comments and suggestions:

Research Committee:

Signature:

Organizer :                                  老師

Members:                                    老師

老師

老師

老師

老師

老師

**國立陽明交通大學研究生學位考試成績表(口試委員用)**  
(陽明校區)

<b>考試日期</b>	年      月      日	<b>學年度/學期</b>	____學年度 第____學期
<b>就讀系所</b>		<b>學 制</b>	<input type="checkbox"/> 碩士班 <input type="checkbox"/> 博士班
<b>姓 名</b>		<b>學 號</b>	

指導教授：

召 集 人：

等      第：

本校採用等第制，學位考成績請以等第評分，以 A+ 為滿分，B- 為及格。等第與百分制分數區間對照表如下：

等第	A+	A	A-	B+	B	B-	C+	C	C-	D	E	X
分數區間	90~100	85~89	80~84	77~79	73~76	70~72	67~69	63~66	60~62	50~59	1~49	0

建議與評語：

口試委員簽名：

註：本表於口試時由各口試委員分別評分，口試結束後，將本表交召集人核算平均等第成績。

本論文為申請頒領理學碩士學位提供審查之用，承下列諸委員審查通過

考試委員：

指導教授：

微生物及免疫學研究所所長：陳念榮 副教授

考試日期：中華民國      年    月    日

# National Yang Ming Chiao Tung University

## Thesis Approval Form

Student name : \_\_\_\_\_(English)\_\_\_\_\_ (Chinese)

Program :  Master Program  Ph. D Program

Department/ Institute : \_\_\_\_\_

Title of the thesis :

(Chinese Title)\_\_\_\_\_

(English Title)\_\_\_\_\_

### Approved by the Thesis Examination Committee

Committee Chairperson : \_\_\_\_\_(Signature)

### Additional Committee member

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Signature)

### This thesis has been satisfactorily revised.

Signature of the Thesis Advisor

Signature of the Director of Institute/ Program

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Date)

# NYCU Thesis Defense Grading Sheet

Academic Year & Semester	(Ex : 1092)	Program	<input type="checkbox"/> Master Program <input type="checkbox"/> Ph.D Program
Dept./Institute			
Student ID No.		Name	
Defense Date		Score	
Thesis Advisor			
Thesis Title	Chinese		
	English		
Was this defense held online? (Should be approved by the school)			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>The student has complete the originality comparison report and provided to the committee members</b>	<b>(Confirmed by the advisor and sign here)</b>
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Committee Members <span style="font-weight: normal; font-size: small;">(Please make a note beside the name if attended online)</span>		

The above information was confirmed by the committee members

<u>Chairperson of the Committee</u> <small>(Please check the box and sign)</small>	<b>Does the thesis meet the Program's professional research field?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Dept./Institute</u>	<u>Staff</u>	<u>Chairman/Director</u>
Office of Academic Affairs	<u>Division of Curriculum</u>	<u>Division of Registrar</u>
	Does the student select any course this semester? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note:

1. This grading sheet should be countersigned by the Division of Curriculum first and then submitted to the Division of Registrar for the diploma.
2. Division of Curriculum Could skip after the final exam begins