**亞際文化研究國際碩士學位學程**

**論文提案審查評分表**

**IACS-UST Thesis Proposal Review Evaluation Form**

學生姓名Student Name： 學號Student ID Number：

學校 🞎 NCTU 🞎 NTHU 🞎 NCU 🞎 NYMU

論文題目Title of Thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

指導教授Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

共同指導Name of Co-Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSAL EVALUATION (\*Written by Committee Members)**

The Vetting Committee recommends that the proposal defence be considered as:

🞎SATISFACTORY and PASS.

🞎SATISFACTORY with amendments. (Recommendations must be given.).

Please state the recommended period for amendment:

State whether another defence will be needed: Yes / No

委員簽章 Signature & Date:

\_\_\_/\_\_\_/\_\_\_ dd mm yr