**國立成功大學 學年度第 學期碩士班學位考試資格確認書**

申請日期： 年 月 日

|  |  |  |  |
| --- | --- | --- | --- |
| 系所組別 | 物理治療學系 | | |
| 學號 |  | 姓名 |  |
| 論文題目 |  | | |
| 指導教授姓名 |  | | |
| 研討會名稱/地點/日期/發表題目 |  | | |
| **申請要件：**  **\*修業期滿**  **\*修畢各該系(所)規定之應修科目與學分**  **\*已至國內外研討會發表口頭或壁報論文一篇** | | | |

說明：

1. 申請學位考試須經指導教授同意，於考前二週向所屬系所辦理。
2. 指導教授限於本校專、兼任助理教授以上擔任，若二人以上共同指導時，均應請其簽名同意，俾便做為發放論文指導費之依據。

|  |  |  |
| --- | --- | --- |
| 系所核准簽名欄 | 系(所)長 | 指導教授 |
|  |  |

**Qualification Confirmation Letter for NCKU Master’s Degree Examination**

Date of application(*MM/DD/YYYY*)：

|  |  |  |  |
| --- | --- | --- | --- |
| Department/  Graduate Institute | Physical Therapy | | |
| Student ID |  | Name |  |
| Title of Thesis |  | | |
| Advisor |  | | |
| Conference of Thesis Presentation /Location/Date/Title |  | | |
| Requirement of Application：  **\*Study in a master's program for more than one semester**  **\*Complete the required coursework and credits by the department**  **\*Present an oral or poster presentation on a domestic or foreign conferences** | | | |

Remarks：

1. Applications for degree examinations must be approved by the advisor and submitted to the department one month before the examination.
2. Advisors are limited to full-time and part-time assistant professors or above in the school. If two or more people are co-advising, they should be asked to sign and agree, so that it can be used as the basis for issuing the thesis instruction fee.

|  |  |  |
| --- | --- | --- |
| Signature | Chair | Advisor |
|  |  |