Request form for Proposal Defense Examination in Master of Education Program

Student Name:_____ Student ID:_____

Program:_____

E-mail:_____

Research topic in English:_____

Research topic in Chinese:_____

Advisor's name:_____

Student's signature ……

Date……

Advisor's opinion: ☐ Agree to participate in the Proposal Defense Examination ☐ Do not agree to participate in the Proposal Defense Examination Signature_____(Advisor) Date_____
Committee opinion: ☐ Agree to participate in the Proposal Defense Examination ☐ Do not agree to participate in the Proposal Defense Examination Signature_____(Committee) Date_____
Committee opinion: ☐ Agree to participate in the Proposal Defense Examination ☐ Do not agree to participate in the Proposal Defense Examination Signature_____(Committee) Date_____

Program Chair's opinion:

- ☐ Agree to participate in the Proposal Defense Examination
- ☐ Do not agree to participate in the Proposal Defense Examination

Signature_____(Committee)

Date_____