

國立中興大學生物醫學所\_\_學年度  
National Chung Hsing University Institute of Biomedical Sciences Academic Year: \_\_\_\_  
博士班資格考口試委員名單  
Doctoral Qualification Examination Oral Defense Committee List

學生： Student:	學號： Student ID:	指導教授(簽名)： Advisor (Signature):
時間： Date:	地點： Location:	

考試委員 Examination Committee Members : :

姓名 Name	服務單位 Affiliated Institution	職稱 Title	學歷 Educational Background	通訊地址 Address	電話 Phone Number	備註 Notes

※上方所列口試委員須先經過所務會議審查通過後才能進行口試。

※ The above-listed oral defense committee members must first be approved by the departmental meeting before the oral defense can proceed.

(本件須與 F2-56 資格考核申請書一起送所辦公室)

(This document must be submitted along with the F2-56 Qualification Examination Application Form to the departmental office.)

PS:依據本所規定，主指導教授僅列席且不參與評分，故不列入上述名單之中。

PS: According to departmental regulations, the primary advisor attends the oral defense as a non-evaluating member and is therefore not included in the above list.