

臺北醫學大學代謝與肥胖科學研究所論文審查相關事宜申訴表

TMU Graduate Institute of Metabolism and Obesity Sciences Thesis Review Appeal Form

學號 Student ID		姓名 Name	
指導教授 Advisor		共同指導教授 (無則免填) Co-advisor signature (leave blank if none)	
<p>申訴內容(請詳細說明申訴事項並檢附相關證明文件)</p> <p>如：1.英文能力(檢附英文檢定考試正本) 2.專業著作(檢附已刊出文獻之影本或接受函，並列出 Impact Factor 備查) 3.論文初稿(題目及內文修正)</p> <p>Reasons for appeal -- please be specific and attach relevant supporting documents such as:</p> <p>1. English proficiency (attach the original English proficiency test certificate) 2. Professional publication (attach a photocopy or acceptance letter and list impact factor for reference) 3. The first draft of the thesis (title and corrected text)</p> <p style="text-align: right;">學生簽章 Student signature : _____</p> <p style="text-align: center;">中華民國 年 月 日 / Date:</p>			
簽核欄 Signatures (請由左至右依序簽核 Please sign from left to right in order)			
行政老師 Administrative teacher		所長 Director	