

**National Yunlin University of Science and Technology Graduate School of  
Design Doctoral Program Degree Examination  
Degree Examination Oral Examination Committee Recommendation Form**

Date: (Year/Month/Day)

<b>Name of Student</b>		<b>Student ID</b>	
<b>Title of Dissertation</b>	Chinese:		
	English:		
<b>Advisor (exofficio member)</b>			
<b>1st Recommendation</b>		<input type="checkbox"/> External	<input type="checkbox"/> Professor
<b>School and Department</b>		<input type="checkbox"/> Internal	<input type="checkbox"/> Associate Professor with doctorate degree
<b>2nd Recommendation</b>		<input type="checkbox"/> External	<input type="checkbox"/> Professor
<b>School and Department</b>		<input type="checkbox"/> Internal	<input type="checkbox"/> Associate Professor with doctorate degree
<b>3rd recommendation</b>		<input type="checkbox"/> External	<input type="checkbox"/> Professor
<b>School and Department</b>		<input type="checkbox"/> Internal	<input type="checkbox"/> Associate Professor with doctorate degree
<b>4th Recommendation</b>		<input type="checkbox"/> External	<input type="checkbox"/> Professor
<b>School and Department</b>		<input type="checkbox"/> Internal	<input type="checkbox"/> Associate Professor with doctorate degree
<b>5th Recommendation</b>		<input type="checkbox"/> External	<input type="checkbox"/> Professor
<b>School and Department</b>		<input type="checkbox"/> Internal	<input type="checkbox"/> Associate Professor with doctorate degree
<b>6th Recommendation</b>		<input type="checkbox"/> External	<input type="checkbox"/> Professor
<b>School and Department</b>		<input type="checkbox"/> Internal	<input type="checkbox"/> Associate Professor with doctorate degree
<b>7th Recommendation</b>		<input type="checkbox"/> External	<input type="checkbox"/> Professor
<b>School and Department</b>		<input type="checkbox"/> Internal	<input type="checkbox"/> Associate Professor with doctorate degree
<b>8th Recommendation</b>		<input type="checkbox"/> External	<input type="checkbox"/> Professor
<b>School and Department</b>		<input type="checkbox"/> Internal	<input type="checkbox"/> Associate Professor with doctorate degree
<b>Recommendation</b>		<input type="checkbox"/> External	<input type="checkbox"/> Professor
<b>School and Department</b>		<input type="checkbox"/> Internal	<input type="checkbox"/> Associate Professor with doctorate degree
<b>Signature of Advisor :</b>			
<b>Chairperson :</b>			

Note:

1. Please recommend 7-9 members for the oral examination committee. Appoint a total of 7 members (including the advisor) with over half being professors; one-third or more should be external members.
2. Applicants must notify the graduate school office one week before the oral examination.
3. Please do not alter the format of the form arbitrarily. If you have any questions, please contact the graduate school office.

Revised in May 26, 2020