

Graduate School of Design Doctoral Program Degree Examination Dissertation Review Form

Date: (Year/Month/Day)

Name		Student ID	
Advisor	(Signature)		
Field of Research			
Doctoral Candidate Proposal Title			
Dissertation Title			
Doctoral Research Content (Including the following) 1. Abstract 2. Research motivation 3. Research Purposes 4. Research Results			
Results	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved on / / (Year/Month/Day)		
Graduate School Office Assistant		Chairperson	