

國立臺北護理健康大學護理系博士論文計畫口試結果

National Taipei University of Nursing and Health Science
School of Nursing

Results of Dissertation Proposal Defense

姓名 Name : _____ 學號 Student ID : _____

入學年月 Date of Enrollment : _____月(month) _____年(year)

論文口試日期 Date of Proposal Defense : _____(yyyy/mm/dd)

通過 Passed	有條件通過 Passed with conditions	不通過 Failed

考試委員 Signatures of Committee members :

(中)_____ (E)_____、(中)_____ (E)_____

(中)_____ (E)_____、(中)_____ (E)_____

(中)_____ (E)_____、(中)_____ (E)_____

附帶條件 Conditions Explanation :
