

國立臺北護理健康大學護理系碩士班

NTUNHS School of Nursing

論文學位考試口試審查意見表

Comments Sheet of Committee in Oral Defense for Master degree

姓名 Name : \_\_\_\_\_

☐ 通過 Accepted

成績 Score : \_\_\_\_\_

☐ 修改後通過 Accepted after revision

☐ 不通過 Rejected

論文題目 Thesis Title : \_\_\_\_\_

審查意見 Comments :

口試審查委員簽名 Signature of Committee Member :

English/Chinese: \_\_\_\_\_ 日期 Date : \_\_\_\_\_ (Y)/ \_\_\_\_\_ (M)/ \_\_\_\_\_ (D)

附註：1.簽名處均需簽上中文和英文

All signatures require in both Chinese and English.

2.完成口試後，請將此表送至護理系辦

Please submit this sheet to the administrative office in school of nursing (B637) after oral defense.