

# NCHU Graduate Institute of International Politics

## Doctoral Dissertation Proposal Review Form

Name (Surname, Given Name)	Admission Date (yyyy/mm)	Proposal Review Time	
		Academic Year	Semester
			<input type="checkbox"/> 1st <input type="checkbox"/> 2nd
<b>Dissertation Title</b>			
<b>Advisor Signature</b>			
<b>Comments and Suggestions</b>			
<b>Result</b>		<b>Review Date</b> (yyyy/mm/dd)	
<input type="checkbox"/> Qualified <input type="checkbox"/> Not until the advisor approves the corrections that the qualification is given.			
<b>Review Committee Signature</b>			