國立臺北護理健康大學National Taipei University of Nursing and Health Sciences

**論文題目大綱審查申請表Request for Thesis Title Review**

1.研究生請自行填寫下表Please fill out the following form.

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名Name |  | 性別Gender |  □男M □女F |
| 出生日期Date of Birth | \_\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_yyyy/mm/dd | 入學日期Enrollment Date  | \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_yyyy/mm/dd |
| 學號Student ID # |  | 申請日期Date of Request  | \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_yyyy/mm/dd |
| 指導教授(中、英文)Name of Thesis Advisor |  |
| 論文題目Thesis Title |  |

2.研究生所屬班別 Indicate your academic program below.

|  |
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| □ 國際護理碩士學程 International Nursing Master of Science Program* 國際護理助產碩士學程　International Nurse-Midwifery Master of Science Program
 |

**3.指導教授審查結果Approval by Thesis Advisor**

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| 審查結果Result □通過 Approved審查結果Reult s □有條件通過 Approved with condition(s)審查結果Rsults □不通過 Rejected說明Explanation:簽章(中/英) Signature: / 日期Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4.國際學程導師審查結果Approval by International Program Director**

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| 審查結果Result □通過 Approved審查結果esul t s □有條件通過 Approved with condition(s) 審查結果esu lts □不通過 Rejected說明Explanation:簽章(中/英) Signature: / 日期Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**5.系主任審查結果Approval by Director of School of Nursing or
Department of Nurse-Midwifery and Women Health**

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| 審查結果Result □通過 Approved□有條件通過 Approved with condition(s) □不通過 Rejected說明Explanation: 簽章(中/英) Signature: / 日期Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

國立臺北護理健康大學National Taipei University of Nursing and Health Sciences

**論文計劃口試審查申請表Proposal Defense Request Form**

1.研究生請自行填寫下表Please fill out the following sections.

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名Name |  | 學號Student ID |  |
| 指導教授(中、英文)Name of Thesis Advisor |  |
| 論文題目Title of Thesis |  |
| E-mail |  | 聯絡電話Cell Phone Number |  |

|  |
| --- |
| \* After arranging the exam date & time, please submit this form to the administrative office in school of nursing (B628) or department of nurse-midwifery and women health (B519) **four weeks** before the scheduled day. |
| Exam Date/Time |  | Bldg/ Rm |  | 申請日期Date of Request | \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_yyyy/mm/dd |

2.口試委員名單List of Committee Members for Proposal Defense

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Off/in-school** **or department** | 姓 名(中/英)Name (Chinese/English) | 職 稱Position | 服務機構Institution | 部定教授/副教授證書字號（本校專兼任教師免填）Professor Certificate Code(only for Off-campus members) | 符合委員資格目次（請參閱碩士學位考試辦法第五條第二款規定）Qualification of committee members (\*1) | 備註Remarks |
| **□ Off□ In** |  |  |  |  |  | Thesis Advisor |
| **□ Off□ In** |  |  |  |  |  | Committee Chair (\*2) |
| **□ Off□ In** |  |  |  |  |  |  |
| **□ Off□ In** |  |  |  |  |  |  |
| **□ Off□ In** |  |  |  |  |  |  |

\*1 For qualification of committee members, please follow the direction of Subparagraph 2, Article 6 of the Master Degree Examination Policy and **fill out the number of item**.

\*2 Your thesis advisor shall not serve as the chairperson of your proposal oral defense committee.

\* Please submit the first three chapters of your proposal along with this form to the administrative office in school of nursing (B628) or department of nurse-midwifery and women health (B519).

**國立臺北護理健康大學碩士學位考試辦法第六條**

組織碩士學位考試委員會，應依下列規定辦理：

1. 碩士學位考試委員三至五人，系(所)、學位學程外委員至少一人以上，委員人數不得少於指導教授人數。由委員會委員互推一人為召集人，但指導教授不得擔任召集人。
2. 碩士學位考試委員，應對修讀碩士學位學生之研究領域有專門研究，並具有下列資格之一：
3. 現任或曾任教授、副教授、助理教授。
4. 中央研究院院士、現任或曾任中央研究院研究員、副研究員、助研究員。
5. 獲有博士學位，且在學術上著有成就。
6. 研究領域屬於稀少性、特殊性學科或屬專業實務，且在學術或專業上著有成就。

**前款第三目、第四目資格之認定基準，由辦理學位授予之各系(所)務會議、院務會議或學位學程事務會議定之。**

1. **指導教授及考試委員之遴聘應遵循利益迴避原則。**學位考試委員，如為研究生之配偶、四親等內血親、三親等內姻親，或曾有上述關係者，應自行迴避。
2. 碩士學位考試委員，由所屬系(所)主管或學位學程主管提請校長遴聘。
3. 本校兼任教師得視為系(所)、學位學程外委員**，**惟兼任教師若擔任研究生之指導或共同指導教授時，則應視為系(所)、學位學程內考試委員。

**National Taipei University of Nursing and Health Sciences Master Degree Examination Policy**

***Article 6***

The master degree examination committee shall be managed as follows:

1. The committee shall comprise three to five members; a minimum of one member who shall be the extramural member; the number of committee members shall not less than the number of thesis advisors. The committee shall appoint one chairperson through mutual recommendation. The thesis advisor shall not serve as the chairperson of the committee.
2. All committee members must possess specialized research backgrounds on the research area of the thesis proposed by the master student and meet at least one of the following requirements:
3. Current or former professors, associate professors, or assistant professors.
4. Academicians or current or former researchers, associate researchers, or assistant researchers at the Academia Sinica.
5. Researchers with doctoral degrees and considerable academic achievements.
6. Researchers specializing in rare, special academic disciplines, or professional practice, and exhibiting academic or professional achievements.

The qualification criteria for the third and fourth items in the preceding paragraph shall be determined through departmental/ institutional or degree academic affairs meetings.

1. The thesis advisors and examination committee members shall be appointed in accordance with the avoidance of conflict of interest.
The examination committee members should evade themselves from the committee if they serve as the spouse of the graduate student, the blood relatives of the fourth relative, the blood relatives of the third relative in law, or those who have the above-mentioned relationship.
2. The list of master’s degree examination committee members shall be proposed by the director of department/institute or program with diploma to the president of the University for filing the official invitation.
3. Part-time professors at the University shall be regarded as extramural committee members. However, part-time professors who serve as the thesis advisors or co-advisors of the graduate student shall be regarded as intramural members.