

Tzu Chi University Master's Program in Pharmacology and
Toxicology, School of Medicine
Master's Thesis Approval Meeting Record

Student Name _____ Student ID _____

Thesis Title:

In Chinese:

In English:

Review Committee Members:

_____ (Convener) _____ (Advisor)

Average Grade:【 】

Summary of Review Comments:

Review Result:

Approved. Committee Members' Signatures

Not Approved. Committee Members' Signatures

Convener: _____

Date: ____ Year ____ Month ____ Day