

**Department of Chemistry, National Sun Yat-sen University  
Application Form for Review of Doctoral Research Projects**

We hereby approve the application of \_\_\_\_\_ (graduate student)  
for an oral examination regarding their research project.

Examination date:

Project name:

Advisor:

Review committee members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advisor: \_\_\_\_\_ (Signature) Date:

Chairman: \_\_\_\_\_ Date: