

National Tsing Hua University

Ph.D. Program in Education Sciences

Qualification Exam Assessment Review Form

Date:

Student Name		Year	
		Student ID	
Qualification Thesis Title			
Test Time	Oral Exam _____ Written Exam		
Oral Exam Results	<input type="checkbox"/> Passed: Research may proceed according to the original plan <input type="checkbox"/> Not Passed		
Written Exam Results	<input type="checkbox"/> Passed: Research may proceed according to the original plan <input type="checkbox"/> Not Passed		
Assessment Results			

NTHU Committee Member: _____(Signature) Date:

External Committee Member: _____(Signature) Date:

Advisor: _____(Signature) Date: