Xuzhou Medical University

Thesis Defense Application Form for Graduate Students

Doctoral ☐ Master ☐	Academic degree ☐ Professional degree ☐	Full-time ☐ Equal education ☐

Discipline Fields _____

School/College _____

Specialty _____

Research Direction _____

Degree Thesis

Title _____

Applicant's Name _____

Guidance Tutor (name)_____

Name & Title (title)_____

Year   Month   Date

Notes on filling in the form:

1. This form should be filled in with blue-black or black ink.

2. The contents of the form should be as detailed as possible and the handwriting should be clear. Additional pages could be used in case the blanks are not enough.

1. Application for thesis defense master☐ doctor☐

Thesis title			
Research direction		The start & end date	
(1) Compulsory courses required in the training plan			
Total credits that should be completed:		Score checker (signature):	
Total credits that have been gained:			
Average score:			

The academic transcript should be pasted here.

(2) Detailed introduction to the applicant during the study period regarding areas such as Chinese language level, theoretical basis and ability to independently carry out scientific research. (This part should be written by the tutor.)

Tutor's signature:

Date:

(3) The discipline's opinions on the academic level of the applicant' thesis and on whether to agree the applicant to attend thesis defense:

Director of the discipline (signature):

Date:

(4) Department's opinion:

Department's seal:

Date:

2. Opinions on the list of thesis reviewers and thesis defense committee members to be invited

	Name	Position	Title	Organization	Notes
Reviewers					
Defense Committee					President
Secretory					

Opinions from Academic Degree Evaluation Sub-Committee:

President of the Academic Degree Evaluation Sub-Committee (signature):

Date:

Department's opinion:

Department's seal:

Date:

Opinions from Academic Degree Evaluation Sub-Committee:

Academic Degree Evaluation Sub-Committee (seal):

Date: