**Department of Medicinal and Applied Chemistry Graduate Student Thesis Quality Evaluation Form**

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| Student ID: | Student Name: | Date: |
| Advisor: | | |

* Thesis Committee Members Recommendation List

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| Name/Tittle | Affiliation | Research Focus | Reasons of Recommendation | Evaluation from Student Affair and Academic Development Committee |
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※Number of Thesis Committee: Master Degree: Three (One must be from outside of University)

Ph.D. Degree: Five (Three must be from outside of University )

* Thesis Release Options

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| * Release Immediately | Evaluation from Student Affair and Academic Development Committee |
| * Embargo Years (Maximum: 5 years)，and please provide the reasons:   + Confidential Informant, and explain:   + Patents Application and application nmber:   + Other reasons: |  |