

National Taipei University of Technology
Graduate Institute of Manufacturing Technology
Ph.D. Candidate Application Form

Applicant:		Date :	
Student ID:		Orientation	
Qualification courses passed	Course : Score :	<input type="checkbox"/> Written exam <input type="checkbox"/> Exchange for paper <input type="checkbox"/> Course waive, name : _____	
	Course : Score :	<input type="checkbox"/> Written exam <input type="checkbox"/> Exchange for paper <input type="checkbox"/> Course waive, name : _____	
	Course : Score :	<input type="checkbox"/> Written exam <input type="checkbox"/> Exchange for paper <input type="checkbox"/> Course waive, name : _____	
Professional Elective Courses	Course name:	Offered by Department/Institute:	Score:
	Course name:	Offered by Department/Institute:	Score:
	Course name:	Offered by Department/Institute:	Score:
	Course name:	Offered by Department/Institute:	Score:
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	Course name:	Offered by Department/Institute:	Score:
	Course name:	Offered by Department/Institute:	Score:
Seminar	Academic year _____ , _____ semester, Score _____	Academic year _____ , _____ semester, Score _____	
	Academic year _____ , _____ semester, Score _____	Academic year _____ , _____ semester, Score _____	
English Required	Technical English Writing, Score _____	Technical English Presentation, Score _____	

Note 1 : Students who apply to waive “*Technical English Writing*” and “*Technical English Presentation*” must present proof of standardized English exam scores/certificate.

Note 2 : Please attach Qualification Exam Scores and Score Transcript for all semesters.

Applicant Signature : _____

Academic Advisor Signature : _____

National Taipei University of Technology
Graduate Institute of Manufacturing Technology
Academic Review Results for Ph.D. Candidate Application Form

Applicant:		Meeting date :
Student ID:		Orientation:

Reviewer comments (applicant's course contents and conformity to professional demands):

Review Results

Review Result for Subject Fields of Doctoral Dissertation	<input type="checkbox"/> Pass <input type="checkbox"/> No Pass
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<input type="checkbox"/> No need to take more courses	<input type="checkbox"/> Need to take _____ courses.
	Course name: _____
	Course name: _____
	Course name: _____

Academic review committee member signatures (At least 3 full time assistant professor position or above, including applicant's academic advisor):

Dean Signature: _____