

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

<input type="checkbox"/> No need to take more courses	<input type="checkbox"/> Need to take _____ courses.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Course name:</td> <td></td> </tr> <tr> <td>Course name:</td> <td></td> </tr> <tr> <td>Course name:</td> <td></td> </tr> </table>	Course name:		Course name:		Course name:	
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 : _____