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

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

* Thesis Committee Members Recommendation List

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Tittle  | Affiliation | Research Focus | Reasons of Recommendation | Evaluation from Student Affair and Academic Development Committee |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

※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

|  |  |
| --- | --- |
| * 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:
 |  |