____學年度____學期中央大學生命科學系研究生學位考試 申請以視訊舉行與因應方案

National Central University, Department of Life Sciences

Application Form for Thesis Defense Conducted via Video Conferencing and Corresponding Measures in the _____ Semester of Academic Year _____

1.	口試時間 :預計於
	Date and Time: The thesis defense will be conducted at: (time) on (MM/DD/YY).
2.	口試地點 Exam classroom:
3.	準備作法:因口試委員
4.	給分方式:我們會先將評分單寄給教授,請教授簽名完後在口試前將已簽名之評分單寄回本系(所)。口試舉行結束,由該教授告知其他現場口試委員學生之口試成績,由學位口試委員召集人代謄教授評定之分數,並立即在螢幕上呈現過目並確認無誤。 Evaluation: An evaluation sheet will be delivered via post to the committee member, Dr The committee member will have to sign on the form and send it back to the office of the department or institute before the date of thesis defense. When the thesis defense is finished, the committee member will notify other members on site of the student's score of thesis defense. The chair of the committee members, Dr, on behalf of the absent member, will inscribe the score on the evaluation sheet and present the sheet to him or her for confirmation via the video conferencing.
注	意事項: Notice:
1.	學位考試細則第三條:如有特殊情形,經系所主管同意後,得採視訊方式辦理;惟仍應符合公平公正公開原則,並全程錄音錄影存檔留存於系所,經系所主管同意方得調閱。相關檔案須妥予保存一年,惟依規定提起申訴者,應保存至申訴程序結束或行政救濟程序結束為止。 Article 3 of National Central University Rules Governing the Master's and Doctoral Degree Qualifying Exam and Thesis Defense stipulates that the thesis defense can be conducted via video conferencing only under certain circumstances upon approval of the chair of the department or institute. The thesis defense should also be conducted in a fair, impartial, and transparent manner. The defense should be recorded during the whole process, and the recording of the defense can be accessed only with the permission of the chair. Relevant files should be properly stored for one year. When anyone who follows relevant regulations to file an appeal regarding the defense, those relevant files should be kept until the appeal procedure or procedure for administrative remedies is completed.
2.	視訊口試委員不得支領交通費。 The committee member who conducts thesis defense via video conferencing will not receive reimbursement of travel expenses.
	學 生: Student's Name: (請簽名 Please sign your name.)
	學號: Student ID No.:
	申請日期: Date of Application:年(YYYY)月(MM)日(DD)
	指導教授: Thesis Advisor:
	多 主 任: Chair of the Departmente: