

Table 2

National Taichung University of Science and Technology Thesis Topic Professional Field Alignment Review Form

Name		College of Enrollment	
Student ID		Department of Enrollment	
Phone Number		Scheduled Degree Examination	<input type="checkbox"/> 1st Semester Academic Year <input type="checkbox"/> 2nd Semester
Thesis Title (Tentative)	Chinese : English :		
Explanation of the Professional Relevance of the Thesis Topic and Content	Supervising Professor Please provide a signature in block letters.		
Review Mechanism			
College Review	Reviewed by the College on ___ Year __ Month __ Day ___ Academic Year __ Semester, ___ Meeting No. ___ Faculty Meeting (Examination Committee) Review of the Department's (or Program's) Educational Objectives and Professional Fields: <input type="checkbox"/> Meets the criteria <input type="checkbox"/> Does not meet the criteria Reasons for not meeting the criteria: ◆ Please attach minutes of the faculty meeting and relevant supporting documents for verification.		
Dean		Office of Academic Affairs	