

Thesis for \_\_\_\_\_ Degree  
(Master or Doctoral)

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(Name of Department/Institute/Program)

National Chung Hsing University

This is to certify that

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

has passed the oral defense.

Advisor: \_\_\_\_\_

Committee Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)