

**Kai Nan University Department of Applied Chinese
Language, Academic _____ Year, _____ Semester
Thesis Proposal Review Application Form**

Submission Date: Year/Month/Day

Name		Student ID	
Department	<input type="checkbox"/> Master's Program <input type="checkbox"/> Master's In-service Program	Group	
Thesis Title			
Advisor's Approval Signature			Attached Documents: <input type="checkbox"/> One copy of the initial draft of the thesis proposal

Intended List of Thesis Proposal Review Committee Members				
(Provide at least three or more members)				
Committee Member Name	Affiliation	Position	Teacher Certificate Number	Committee Member's Approval Signature

Applicant's Signature	_____ (Signature)	Date: Year/Month/Day
Teaching Unit Review	Handling Personnel	
	Unit Supervisor	