Taipei Medical University

 School of Nutrition and Health Sciences

Master’s/Doctoral Proposal Defense

**The voting members of the Supervisory Committee vote for one of the following:**

**a. *Accept***

**b. *Accept with Revisions*—revisions require approval by the Chair and advisor.**

**c. *Reject*— the Supervisory Committee may recommend either 1) that a second defense is permitted after a period of additional preparation, or 2) that the student is dropped from the Master’s/Doctoral program.**

**A simple majority vote is required.**

**Student’s name:**

**Student’s ID no.:**

**Date of proposal defense:**

**Defense venue:**

**Proposal title:**

**Committee decision: (a simple majority vote is required)**

**To choose:**

**□ Accept**

**□ Accept with revisions**

**□ Reject □ Recommend 2nd defense □ Recommend drop**

**Signature of Chair (on behalf of the committee):**

**Date:**

**Signature of Advisor:**

**Date:**

|  |
| --- |
| http://liulab.tmu.edu.tw:1357/media/TMU-LOGO.png**Taipei Medical University** **School of Nutrition and Health Sciences****Master’s/Doctoral Proposal Defense****1. Student’s name:** **Student’s ID no.:** **2. Date:** **3. Venue:** **4. Proposal title:** **5. Comments/Suggestions：**1. **Evalutation result**

**□APPROPRIATE □INAPPROPRIATE****Signature of Committee Member：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Taipei Medical University**

**School of Nutrition and Health Sciences**

**Master’s/Doctoral Proposal Defense**

**1. Student’s name:**

**Student’s ID no.:**

**2. Date:**

**3. Venue:**

**4. Proposal title:**

**5. Comments/Suggestions：**

1. **Evalutation result**

**□APPROPRIATE □INAPPROPRIATE**

**Signature of Committee Member：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Taipei Medical University**

**School of Nutrition and Health Sciences**

**Master’s/Doctoral Proposal Defense**

**1. Student’s name:**

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**5. Comments/Suggestions：**

1. **Evalutation result**

**□APPROPRIATE □INAPPROPRIATE**

**Signature of Committee Member：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**