

Taipei Medical University Graduate Thesis Certification

(A completed copy of this form must be bound in submitted thesis)

_____ (Title)

This thesis is the master's degree thesis/doctoral dissertation of _____ (Name) in the _____ (Department Name) at Taipei Medical University. This work has been judged satisfactory by the committee members after the degree candidate passed an oral examination.

Committee:

Thesis Advisor

(Name) (Institution, Title)

Thesis Co-Advisor

(Name) (Institution, Title)

Committee Member

(Name) (Institution, Title)

Committee Member

(Name) (Institution, Title)

Committee Member

(Name) (Institution, Title)

Committee Member

(Name) (Institution, Title)

YYYY, MM, DD