

110學年度2學期
崑山科技大學研究生學位考試
視訊舉行申請表
Kun Shan University
Application Form for Thesis Defense Conducted via Video Conferencing
in the 2nd Semester of the Academic Year 2022

申請日期 Date of Application: _____年(YYYY) ____月(MM) ____日(DD)

1. 緣由：因應疫情學生或口試委員具感染風險，致無法進行實體口試，得視訊舉行。In response to the recent surge in the number of indigenous COVID-19 cases, students or oral examination committee members are at risk of infection. If it is not possible to conduct a physical oral examination, it may be held Thesis Defense conducted via video conferencing.

2. 口試時間 Oral Defense Time：預計於_____ (yyyy)年 ____月(mm) ____日(dd) ____時(time)舉行。

3. 考生視訊架設地點 Oral Defense Venue：

4. 注意事項：

(1)請於口試前進行連線測試，以於口試舉行當天即時上網與學位口試委員們同步口試，並將全程錄音錄影存檔，送本系(所、學位學程)承辦人員存查。Network communication software will be utilized to set up a video environment and conduct a connection test before the oral defense. The oral defense will be both audio- and video- recorded throughout the entire process, and the recordings will be filed to the department for record.

(2)口試結束後學生不得以網路品質不好、不熟悉通訊軟體操作、...等理由抗辯考試不公之情事。Applicants, after the oral defense, may not allege or defense unfairness of the exam on the grounds of poor network performance, unfamiliar operation of network communication software, etc.

(3)若原則舉行實體口試(請遵守防疫規定)，但部分口試委員無法出席，亦得申請辦理。

Following the epidemic prevention measures, in-person oral defenses are allowed to be held in the absence of some committee members.

(4)本表單由口試研究生提出申請，經指導教授及系主任同意後辦理。

This application form is proposed by the student and approved by the advisor and the chairperson of the department.

	學生 Student	口試委員1 Committee 1	口試委員2 Committee 2	口試委員3 Committee 3	口試委員4 Committee 4	口試委員5 Committee 5
姓名 Name						
口試方式 Type	<input type="checkbox"/> 實體 In person <input type="checkbox"/> 視訊 Video	<input type="checkbox"/> 實體 In person <input type="checkbox"/> 視訊 Video	<input type="checkbox"/> 實體 In person <input type="checkbox"/> 視訊 Video	<input type="checkbox"/> 實體 In person <input type="checkbox"/> 視訊 Video	<input type="checkbox"/> 實體 In person <input type="checkbox"/> 視訊 Video	<input type="checkbox"/> 實體 In person <input type="checkbox"/> 視訊 Video

學生姓名 Student's Name: _____ (請簽名 Signature) 學號 Student ID:

代理人 Proxy's Name: _____ (請簽名 Signature) 學號 Student ID:

代理人聯絡手機 Proxy's Cell Phone Number:

指導教授 Advisor：_____ (請簽名 Signature)

系(所、學位學程)主管 Chair of the Department/Institute: _____ (請簽名 Signature)

備註 Remarks：本表一式兩份，一份由學位授予單位留存，一份繳交教務處備查。This form is made in duplicate, one copy shall be retained by the degree-granting unit and one copy submitted to Office of Academic Affairs for future reference