

**Qualification Examination Form for Doctoral Dissertation**

**(****This form shall be deposited in** **the University Archives)**

**Date Month Year**

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| Name |  | Student number |  | Major |  | | |
| College |  | Supervisor |  | Time of Admission |  | Starting and ending dates of  Dissertation |  |
| Mid-term Evaluation  Result | Signature by Reviewer of College: | | | | | | |
| Academic activities, paper published and the scientific research achievements during for doctoral candidate period |  | | | | | | |
| Comments on the preliminary review of the dissertation:  Signature of Supervisor:  Date month/year | | | | | | | |
| Comments of the Academic Affairs Office:  Signature of the Head of Academic Affairs Office :  Date month / year | | | | | | | |