

Graduate Institute of _____
 List of Doctoral Degree Examination Committee Members
 _____ Semester, Academic Year _____

Ph.D. Candidate	Examination committee members			
	Internal/External	Name	Current or Past Title	Notes
Student ID No.: _____ Name: _____ Scheduled Month: ____				
Ph.D. Candidate	Examination committee members			
	Internal/External	Name	Current or Past Title	Notes
Student ID No.: _____ Name: _____ Scheduled Month: ____				

Instructions:

1. Once the list of examination committee members has been confirmed, the academic program shall issue letters of appointment to the examination committee members and fill out this form. When filing for reimbursement of the members' review fees and travel expenses, this form shall also be submitted to the responsible academic affairs division (the Graduate Academic Affairs Division or the Branch Office of Academic Affairs, College of Medicine) for verification.
2. Please mark the student's advisor with an asterisk (*) in the "Notes" field.
3. The doctoral degree examination committee shall be composed of 5 to 9 members; the ratio of internal to external members is not regulated. Please note whether members are internal or external members.
4. Please refer to the *Rules Governing Master's and Doctoral Degree Examination* or the rules pertaining to doctoral degree examination committees.
5. This form will be destroyed following the completion of the reimbursement process for the semester. If necessary, the academic program shall make photocopies for retention purposes.

Head of Academic Program (signature or seal): _____

Date: ____/____/____ (MM/DD/YYYY)