

**NATIONAL TAIWAN UNIVERSITY**  
**Graduate Institute Master's or Doctoral Degree Examination Grade Report**  
**in the \_\_\_\_\_ Semester of the Academic Year \_\_\_\_\_**

**Course No.:**            **Class:**            **Graduate institute / Division:**

Student ID No.	Student Name	Grade	Date of Examination
5			30
10			35
15			40
20			45
25			50

Departments, graduate institutes, and degree programs on the Main Campus: Submit this form to the Graduate Academic Affairs Division. Departments, graduate institutes, and degree programs of the College of Medicine or the College of Public Health: Submit this form to the Branch Office of Academic Affairs in the College of Medicine.

Signature or seal of the chair of the department / graduate institute / degree program: \_\_\_\_\_