

Application for Canceling the Degree Examination of Doctoral (Master) Program, I-Shou University

Date : / / (yy/mm/dd)

I, _____, due to the incompletion of the thesis,
absence of examination committee members, or other personal
factors, plan to cancel my application for the Ph.D. (Master's)
Degree Examination.

To

Thesis advisor :

Chairperson of the Department (Institute) :

Office of Academic Affairs :

President (or Dean of Academic Affairs on behalf of the President) :

Student :

Dept. : Ph. D. (Master's) Program

Student ID :