

Please Type All
Information Requested
Except Signature



JOINT INSTITUTE
交大密西根学院

Graduate Programs

NOTIFICATION OF
DEGREE THESIS/DISSERTATION PROPOSAL/DEFENSE

TO: _____ Committee Chair (Advisor) 's **Signature:** _____

Date: _____

FROM: Associate Dean for Graduate Education

This is to advise you of the

<input type="checkbox"/>
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Master Thesis Proposal
Master Thesis Defense
Ph.D. Dissertation Proposal
Ph.D. Dissertation Defense

(Print)

Name: _____

SID# _____

Degree Level (e.g., Ph.D.): _____

Major: _____

Date: _____ Time: _____ Place (Bldg.& Room No.): _____

Thesis/Dissertation Title (12 words max): _____

Thesis/Dissertation Title (Chinese): _____

Thesis/Dissertation Abstract (100 words max): _____

Bio: _____

Notes:

1. Please type all information requested except the advisor's signature.
2. Only the signature of the committee chair (advisor) is needed.
3. Please send both the word file (without signature) and scanned PDF file (with advisor's signature) to the Graduate Programs Office at least 7 days prior to the Proposal/Defense date.
4. Please attach a picture of yours in the email, which should be horizontal and at least 1MB.