



碩士論文研究計畫審查申請文件確認單 Master's Thesis Proposal Review Checklist

申請人姓名 Name		學號 Student ID	
勾選 Check	應繳文件 Required documents		
	1. 申請書 Application Form		
	2. 委員推薦名單 Recommended List of Committee Members		
	3. 歷年成績單 Official Transcript *請至後棟1樓機器列印，每份10元。 Please print the transcript using the machine on the 1st floor of the Rear Building. The fee is NT\$10 per copy.		
	4. 研究計畫審查同意書 Consent form for thesis proposal		
☐ 初稿 Initial Draft ☐ 定稿 Final Version	5. 碩士論文研究計畫書 Thesis proposal ☐ 初稿電子檔(申請時繳交) Initial Draft: Required when submitting the application. ☐ 定稿電子檔(口試結束後~學期結束前繳交。) Final Version: Please submit after the proposal review and before the end of the semester. *檔案命名格式: 1151_Proposal_Draft_Name.pdf 1151_Proposal_Final_Name.pdf Please email the PDF file to sunnee0928@tmu.edu.tw.		
	6. 著作權授權利用同意書 Consent Form for Copyright Licensing		

收件日(學系填寫): _____

碩士論文研究計畫審查申請書

Application Form for Master's Thesis Proposal Review

姓名 Name		學號 Student ID	
組別 Group	☐ 臨床學組(請擇一圈選): 牙周病學組/兒童牙科學組/鑲復學組/牙髓病學組/ 齒顎矯正學組/口腔顎面外科學組 ☐ Clinical Division (Please circle one) Periodontology / Pediatric Dentistry / Prosthodontics / Endodontics / Orthodontics / Oral and Maxillofacial Surgery ☐ 基礎學組 Basic Science Division		
論文題目 Thesis Title	中文 Chinese		
	英文 English		
已修畢學分數 Completed Credits	☐ 必修_____學分 Compulsory:_____credits ☐ 選修_____學分 Elective: _____credits ☐ 研究倫理(0 學分) Research Ethics (0 credits)		
申請人 Applicant	簽名+日期 Signature & Date		
指導教授 Advisor	簽名+日期 Signature & Date		
系所簽核 Departmental Approval			
承辦人 Administrative Staff	簽名+日期 Signature & Date		
行政老師 Administrative Faculty Member	簽名+日期 Signature & Date		
學系主管 Department Chair	簽名+日期 Signature & Date		

碩士論文研究計畫審查委員推薦名單

Recommended List of Committee Members for the Proposal Review

推薦委員名單 Committee Member Recommendation Form					
召集人 (系主任圈選)	姓名 Name	職級 Academic Rank	校內/校外 Internal/ External	服務單位 Affiliation	備註
	指導教授 Advisor		校內 Internal		口試委員皆以校內優先。 Priority should be given to internal faculty members.
			校內 Internal		
			校內/校外 Internal/ External		
	共同指導教授 Co-Advisor		校內/校外 Internal/ External		有共指需填，無則免填 Required if there is a Co-Advisor; otherwise leave blank
			校內/校外 Internal/ External		

委員推薦說明 Committee Member Recommendation Guidelines

- 考試委員名單由指導教授推薦，系所主管圈選召集人，指導教授不得擔任召集人。
The examination committee members are recommended by the advisor, and the convener is designated by the department head. The advisor may not serve as the convener.
- 碩士班口試委員須為部定助理教授以上(含助理教授)職等。
Committee members must hold the rank of Assistant Professor or above, as recognized by the Ministry of Education.
- 配合學校政策，自 1122 學期起碩士班口試委員皆以校內優先。
In accordance with university policy, beginning with the Fall Semester of the 2023–2024 academic year (Semester 1122), priority shall be given to appointing internal university faculty members as Master's oral examination committee members.
- 無共同指導教授者，委員總數 3 名，校外委員至多 1 名；
有共同指導教授者，委員總數 5 名，校外委員至多 2 名。兼任教師視為校內委員。
For students without a co-advisor, the examination committee shall consist of three members, with no more than one external committee member. For students with a co-advisor, the examination committee shall consist of five members, with no more than two external committee members.
Adjunct faculty members are considered internal committee members.

研究計畫審查同意書

研究生_____(姓名)_____之研究計畫「_____」(論文名稱)_____」

經本人審查同意，請准予申請。

指導教授簽章：_____中華民國_____年_____月_____日

著作權授權利用同意書

本人_____於_____學年度 第_____學期 撰寫之碩士論文計畫書

(題目：_____)，授權臺北醫學大學牙醫學系於下列範圍內利用：

1. **授權範圍**：僅限於辦理碩士論文計畫考試、行政存檔、校務管理及非營利學術研究。校方得就本計畫書進行保存、重製及必要之利用。
2. **權利保留**：本人仍保有著作權。本授權屬**非專屬授權**，不影響本人日後修改、發表或另行授權他人之權利。
3. **不包含範圍**：本授權不涉及公開發表、公開傳輸或其他商業用途。未經本人書面同意，不得於上述範圍外利用。
4. **效力說明**：本授權僅適用於「碩士論文計畫考試」階段之計畫書。未來正式學位論文之授權，將依本校規定另行簽署。

此致 臺北醫學大學牙醫學系碩士班

立授權書人：_____ (正楷親簽) 學號：_____

立書日期：中華民國_____年_____月_____日

Consent form for thesis proposal

The research proposal titled [Thesis Title] submitted by graduate student [Name] has been reviewed and approved by me. I hereby request permission for them to apply.

Advisor's Signature : _____

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

Consent Form for Copyright Licensing

I, _____, written this master's thesis proposal (Title : _____) during the _____ school year, _____ semester, hereby authorize the School of Dentistry, Taipei Medical University to utilize it within the following scope:

1. Scope of Authorization: Limited to the administration of master's thesis proposal examinations, administrative filing, school management, and non-profit academic research. The University may preserve, reproduce, and make necessary use of this proposal.
2. Reservation of Rights: I retain the copyright of this work. This is a non-exclusive authorization and does not affect my rights to modify, publish, or authorize others to use the work in the future.
3. Exclusions: This authorization does not involve public publication, public transmission, or other commercial purposes. Any use beyond the aforementioned scope requires my prior written consent.
4. Effectiveness: This authorization only applies to the "Master's Thesis Proposal Examination" stage. The authorization for the official degree thesis will be signed separately in accordance with University regulations.

To: Master Program in School of Dentistry, Taipei Medical University

Applicant: _____ (Signature) Student ID: _____

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