Hungkuang University Thesis/Dissertation Examination Date or Examiner Change Request Form for the Semester of the Academic Year

	Department (p	orogram)					Student II	D					
	Name					Advisor							
Cha nge req uest ed	☐ Reason for date change		Description:		Original date of examination			New date of examination					
	Reason for examiner change		Description:										
	Original propos	sed examiner											
	Name			University/de partment of employment			Job title		Education background				
	Mailing address			• •	I		_ `]		(as per the Doctor			e 5, Paragraph aragraph	
	New proposed	examiner											
	Name			University/de partment of employment			Job title	Job title		Education background			
	Mailing address					Phone			(as per the Doctor			e 5, Paragraph aragraph	
Applicant (signature)													
Advisor (signature)			Program head (signature)		College dean (signature)		Dean of Academic Affairs (signature)						
	Notes:1. The application form shall be submitted by the applicant themselves. Otherwise, a power of attorney shall be attached.									(yyyy) (mm) (dd)			

2. The original application form shall be submitted to the Registration Section of the Office of Academic Affairs

to complete the application; a copy shall be kept by the student's department.

FM-10420-A28 Form updated on: July 12, 2021 Preservation period: permanent