

Degree: Master ☐  
Doctor ☐

**Xuzhou Medical University Graduate Student  
Pre-defense Record**

Graduate student name		Student ID		Batch	
Discipline/Specialty				Tutor	
Pre-defense time	Year	month	day	Location	
Research area					
Thesis title					
Other notes					
Participating experts					
Name	Post or title			Discipline/specialty	
Time for the thesis presentation:					

Question and answer procedure in detail (Additional papers could be attached).

[illegible]

