

Xuzhou Medical University

Thesis Defense Record and Resolution Form

Doctoral	<input type="checkbox"/>
Master	<input type="checkbox"/>

Academic degree	<input type="checkbox"/>
Professional degree	<input type="checkbox"/>

Full-time	<input type="checkbox"/>
Equal education	<input type="checkbox"/>

Discipline Fields _____

School/College _____

Specialty _____

Degree Thesis _____

Title _____

Graduate’s Name _____

Guidance Advisor (name) _____

Name & Title (title) _____

Year Month Date

Notes on filling in the form:

1. This form should be filled in with blue-black or black ink.
2. The contents of the form should be as detailed as possible and the handwriting should be clear. Additional pages could be used in case the blanks are not enough.

Thesis Defense Record

Thesis title:				
Research direction		Guidance tutor		
Committee members present				
Committee members absent		Number of spectators		
Name of the graduate student		Specialty		
Degree type (academic/professional)				
Thesis defense date		Location		
List of Academic Thesis Reviewers and Defense Committees				
Reviewers	Name	Title	Organization	Notes
Defense Committee	Name	Title	Organization	Notes
				President
Secretary				

Thesis Defense Record of the Graduate

A brief summary of the main questions (including the contents which need to be revised) and answers during the defense process.

[illegible]

[illegible]

Resolution

[illegible]

[illegible]

Xuzhou
Medical
University

This is the place where the resolution paper printed on the spot should be pasted.

This is the place where the votes should be pasted.