

# 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		
<b>List of Academic Thesis Reviewers and Defense Committees</b>				
Reviewers	Name	Title	Organization	Notes
Defense Committee	Name	Title	Organization	Notes
				President
Secretary				









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.