

National Chi Nan University _____ Academic Year _____ Semester
Video Conference Degree Examination Application Form
Applicant Signature:

Department		Student Number		Name	
Exam Date	Republic of China Year Month Date		Exam Location		
Remote Participants					
On-site Participants					
Reason for Application (please specify) :					
Advisor					
Departmental Officer			Department Head		

1. This form, submitted by the graduate student and signed in agreement by their supervising professor, should be sent to the relevant teaching unit for filing.
2. Please ensure to record the entire session for archiving and future reference.