

國立臺灣科技大學智慧製造科技研究所碩士學位考試檢核表

Checklist for Master's Degree Examination at Graduate Institute of Intelligent Manufacturing Technology, National Taiwan University of Science and Technology

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|---|--|---|----------------------|---|-------------------------------|-----------------------------|
| 姓名 Full name | (中文) | | 學號 Student ID No. | | 口試學期 Oral Defense Semester | |
| | (English) | | | | | |
| 論文題目 Thesis Title | | | | | | |
| 畢業條件自我檢核 Graduation Requirement Self-Check | | | | | | 所辦複核 For Office Use Only |
| 1 | <input type="checkbox"/> | 英文必修或減免 (Local Students Only) | | | | |
| 2 | <input type="checkbox"/> | 學術研究倫理課程 Academic Research Ethics Course | | | | |
| 3 | 必修及專業必選課程 Required Courses & Specialized Field Courses | | | | | |
| | <input type="checkbox"/> | 必修 Required Courses | SI6001 | 論文研討(一) Seminar(I) | | |
| | <input type="checkbox"/> | 必修 Required Courses | SI6002 | 產學創新大師講座 Special Topics on Industry-Academy Innovation | | |
| | <input type="checkbox"/> | 專業選修領域(一) Specialized Field (I) | SI | | | |
| | | | SI | | | |
| | <input type="checkbox"/> | 專業選修領域(二) Specialized Field (II) | SI | | | |
| SI | | | | | | |
| 4 | <input type="checkbox"/> | 研究所專業課程至少 9 學分(含) At least 9 credits's graduate level elective courses | | | | |
| 學生簽名 Student's Signature | | 年(Y) 月(M) 日(D) | | | 所辦公室收件日期： 年 月 日 | |
| 學位論文原創性比對 The authentication of the originality of thesis | | | | | | |
| <p>本人之學位論文已確實經本校論文原創性比對系統檢核，於考試當日提供委員參考之比對報告書 論文原創性比對相似度為____%，符合系所「不含參考文獻之論文本文低於 20%(含)」之標準。 My thesis has been checked by the authentication of the originality verification system. I provided the examination committee with the comparison report on the day of oral defense. The similarity percentage of the thesis in the originality check is _____%, which meets the department's standard of "less than 20% (including) similarity of the thesis text excluding references."</p> | | | | | | |
| 口試日期(由所辦填寫)： 年(Y) 月(M) 日(D)，請口試委員於以下空格處簽名(需親簽) | | | | | | |
| | | | | | | |
| 口試委員 <input type="checkbox"/> 有 <input type="checkbox"/> 無建議修訂論文題目 | | | (如有，請填寫) | | | |