

## 逢甲大學學位論文抽換申請書

## Application for Replacement of Existing Thesis/Dissertation

申請日期：民國\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日

Application Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(YYYY/MM/DD)

姓名 Name		學位類別 Graduate Degree	<input type="checkbox"/> 碩士 Master <input type="checkbox"/> 博士 Doctor	畢業年月 Graduation Date (YYYY/MM)	民國_____年_____月 _____/_____
系所名稱 School/Department					
論文名稱 Thesis/Dissertation Title					
抽換原因 Reason for Replacement					
電子郵件 Email Address			聯絡電話 Contact Number		

申請人簽名：  
Applicant Signature: \_\_\_\_\_指導教授簽名：  
Advisor Signature: \_\_\_\_\_學校系所章戳：  
Seal of the School/Department:學校權責單位章戳：  
Seal of the Authorization Institute :

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