Master’s Program, Department of Applied Linguistics and Language Studies,

Chung Yuan Christian University

**Thesis Proposal Review Sheet**

Date： (dd/mm/yy)

Time：

Venue：

|  |  |
| --- | --- |
| Student Name： | Advisor Name： |
| Student Number： |
| Thesis Title（both in English and Chinese）Chinese:English: |
| Review： |
| Grading |  |
| Pass or Fail | □ Pass □ Fail　□ Pass under amendments by the review feedback  |
| Committee’s Signature |  |
| Review Date | 　　　　　　　 |