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 |  | |