National Taiwan Normal University Department of Chemistry Doctoral Qualifying Examination Registration Form

Academic Year: _____

Student ID: _____

Name: _____

Research Area / Field of Study: _____

Examination Registration (Attempt No.): _____

(Please indicate which attempt of the Qualifying Examination this is.)

Academic Advisor: _____

Notes

1. Applicants must complete all required information in their own handwriting. Before submitting the form, please obtain the signatures of both your **Academic Advisor** and the **Convener of your Research Area**. The completed form must be submitted to **Ms. Yen-Hui Lin** at the Department Office before the application deadline. Late applications will not be accepted.
2. If an applicant is unable to attend the examination due to unavoidable circumstances, they must notify **Ms. Yen-Hui Lin** and complete the leave request procedures before the examination date. Otherwise, the examination score for that attempt will be recorded as **zero (0)**. Please refer to the **"Guidelines for the Doctoral Qualifying Examination, Department of Chemistry, National Taiwan Normal University"** for examination procedures.
3. If you have any questions, please contact **Ms. Yen-Hui Lin** at the Department Office. **Extension:** 6109

   Student Signature: _____

   Academic Advisor's Signature: _____

   Research Area Convener's Signature: _____

   Department Chair's Signature: _____