

Form 3

Graduate Institute of Science Education, National Taiwan Normal University
Application for Candidacy Examination
(Oral Exam on Position Paper or Review Study)

(Deadline to Complete: Within 2 months after the application passed at the Institute Affairs Meeting)

First-Time Application Second-Time Application

Application Date and Academic Year : _____ year _____ month _____ day

Academic year _____ semester _____

Student Name : _____ Student ID Number : _____

Enrollment Time : _____ year _____ month (Academic year _____)

The student is currently in the _____ year of their doctoral program.

Title of Position Paper or Review Study : _____

(A complete paper should be submitted.)

Signature of Academic Advisory Committee Chair OR Dissertation Advisor :

Signature of Academic Advisory Committee Chair : _____

Signature of Dissertation Advisor : _____

*******Application Submitted to the GISE Director for Review*******

Signature of the GISE Director : _____

(An Institute Affairs Meeting will be held after the Director's signature is obtained.)

*******Below is only for the GISE Office*******

1. Date of the Institute Affairs Meeting that Passed the Application for Candidacy Examination :

_____ year _____ month _____ day Academic year _____ semester _____ Institute Affairs Meeting.

2. Deadline for the Student to Complete Candidacy Examination : Complete no later

than _____ year _____ month _____ day .

3. Candidacy Examination Committee Members (Formed by 5 members: 4 members specialized in different areas of study and the student's dissertation advisor as an ex officio member) :

(1) Members of Specialized Areas of Study (Each of the following should be a GISE faculty member with the specialization in the area of study.)

Area of Science and Society : Dr. _____

Area of Cognitive and Science Learning : Dr. _____

Area of Curriculum, Instruction and Assessment : Dr. _____

Area of Digital Learning : Dr. _____

(2) Ex Officio Member (Academic Advisory Committee Chair or Dissertation Advisor) :

Dr. _____

(3) Chair (Designated by the Committee) : Dr. _____

Confirmation of Committee Members : Signature of the GISE Director : _____

Date : ____year ____month ____day