國立清華大學外國語文學系學位論文繳交初稿證明
Thesis Draft Approval Form

姓名 Student's Name		入學年度 Year Admitted	
論文名稱 Thesis Title			
論文計畫書口試通過日期 (Date of Thesis Proposal Defense): 年 月 日			
交請指導教授審閱日期 (Date that Draft Was Submitted to Advisor): 年 月 日 (應距離通過論文計畫書口試至少三個月should be at least 3 months after the Thesis Proposal Defense）			
指導教授審閱 Reviewed by Advisor: _____(Advisor's Name) 本論文初稿已經本人審閱，認為已達可以口試程度，本人同意其於自交稿日起兩週後舉行口試。 The undersigned has reviewed the thesis draft and determined that the student is eligible to take the Thesis Defense Exam 2 weeks after submitting the thesis draft. 指導教授（請簽名）Advisor's Signature: 審閱完畢日期 Date: 年 月 日			