

National Pingtung University of Science and Technology
Certification of Successful Master's Thesis Oral Defense

Department: _____

Student's Name: _____

Thesis Title: _____

This is to certify that Mr./Ms. ○○○ has successfully passed the oral defense.

Committee:

Dr. ○○○

Professor

Department of ○○○

National ○○○ University

Dr. ○○○

Professor

Department of ○○○

National ○○○ University

Dr. ○○○

Associate Professor

Department of ○○○

National Pingtung University of Science and
Technology

Dr. ○○○

Associate Professor

Department of Tropical Agriculture and
International Cooperation

National Pingtung University of Science and
Technology

Dr. ○○○

Professor

Department of Food Science

National Pingtung University of Science and
Technology

Advisor:

Date(yy/mm/dd):