Appendix 5

China Medical University, School of Nursing Master Science in Nursing Program

Thesis Proposal Evaluation

Examination date: (M/D/Y)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specialty |  | Academic  year |  |  |
| Applicant Name |  | Student ID |  |  |
| Committee member | Name | Institution |  | Position |
| Title |  |  |  |  |
| Abstract |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Recommendation |  |  |
| Comments | * pass | * fail |
| Committee signature |  |  |