**茲敦聘 台端 擔任\_\_\_\_\_\_\_學年度第\_\_\_\_\_\_學期本系（所）碩/博士班 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_同學學位考試口試委員。敬請屆時撥冗出席。**

**口試題目：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**口試時間：\_\_\_\_\_\_\_年\_\_\_\_\_\_\_月\_\_\_\_\_\_\_日（星期\_\_\_\_）。**

**口試地點：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **謹致**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_教授**

 **○○○○系主任/所長 ○ ○ ○ 敬啟**

**年 月 日**

**※自行開車到校之校外委員請攜帶本函與聘函以替代通行證。**

英文版

*Name of examiner*

*Address and Affiliation*

*Date*

**Candidate: *Name in English***

**Thesis for the Degree of: *Master or Ph. D*.**

**Title of the Thesis: *Title of thesis***

Dear *Name of examiner*,

You are hereby appointed by the *Department (or Institute) of* OOO as an examiner for the above thesis. Supervised by *Name of the Supervisor*, the thesis is due to be submitted by *Month Day, Year*, and will be sent to you as soon as possible after that date.

As a member of the Thesis Examination Committee, you are required to attend the oral examination which will take place on *Month Day, Year* at the *Location*.

This appointment entitles you to an attendance fee for the oral examination. If you have any questions concerning the examination procedures, please contact *Name of a Person* at *Telephone Number*.

Yours sincerely

Chair, *Department (or Institute) of OOO*

 *Contact information*