

**國立臺北護理健康大學運動保健系(所) 碩士論文計畫書審查申請表**  
**Department of Exercise and Health Science National Taipei University of Nursing and Health Sciences**  
**Application for Master's Thesis Proposal Defense**

☐ 碩士日間班☐ 碩士在職專班☐ International Master's Program

申請日期 Application Date	(yyyy/mm/dd)	口試日期 Defense Date	(yyyy/mm/dd)
口試地點 Location			
論文計畫書題目 Thesis Title			
論文主題分類 (請由指導教授勾選符合本所專業領域項目) Thesis Topic Classification (To be checked by the Advisor): <input type="checkbox"/> 1. 特殊族群運動或保健領域 Special Population Exercise or Health Care <input type="checkbox"/> 2. 傳統中西醫整合保健領域 Integrated Traditional Chinese & Western Medicine Health Care <input type="checkbox"/> 3. 運動健康科學與競技表現 Exercise Health Science & Athletic Performance <input type="checkbox"/> 4. 醫學健康照護領域 Medical Health Care <input type="checkbox"/> 5. 其他 Others			

**論文計畫書審查委員 Thesis Defense Committee:**

姓 名 Name	服務單位及職稱 Institute/title	聯絡電話 Contact number	電子郵件 email

**論文計畫摘要說明** (如篇幅不足請自行增列)

Abstract of Thesis Proposal (Please attach additional pages if necessary):

**學術倫理檢核 Academic Integrity Check:**

- ☐ 本人論文計畫書已完成本校採認之論文比對系統比對，重複率百分比\_\_\_\_\_ %  
 Thesis proposal has been checked by the university-recognized plagiarism detection system.  
 Similarity Index: \_\_\_\_\_ %
- ☐ 檢附論文比對結果紙本 Attached printed result of plagiarism check

學 生 簽 名 Student Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

指導教授同意簽核 Advisor Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_