

**Postgraduate Thesis Defense Committee’s Vote**

（Stamp of the Institute）

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| --- | --- |
| **Candidate**  | **：** Student Number： |
| **Major**  | **：** |
| **Thesis Title** | **：** |

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| --- | --- | --- |
| **Propose granting the candidate a master degree** | **Propose not granting the candidate a master degree** | Abstention |
|  |  |  |

Attention: 1. As propose-granting, please draw “○” in the corresponding column, if not, please draw “×”.

2. Please do not fill in the voter’s name.

 Date:

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