**國立高雄科技大學學位論文抽換申請書**

**Application for Replacement of Existing Thesis/Dissertation**

申 請 日 期：民國　 　 年　 　月　 　日

Application Date: / / (YYYY/MM/DD)

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| **姓 名**  Name |  | **學位類別**  Graduate Degree | ☐碩士Master  ☐博士Doctor | **畢業年月**  Graduation Date  (YYYY/MM) | | 民國　 　 年　 　月  /\_\_\_\_\_\_\_ |
| **系所名稱**  School/Department |  | | | | | |
| **論文名稱**  Thesis/Dissertation Title |  | | | | | |
| **抽換原因**  Reason for  Replacement |  | | | | | |
| **電子郵件**  Email Address |  | | **聯絡電話**  Contact Number | |  | |
| 申請人簽名：  Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 指導教授簽名：  Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 學校系所章戳：  Seal of the School/Department: | | | 學校權責單位章戳：  Seal of the Authorization Institute： | | | |

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