**Department of Geomatics, NCKU**

**Application form for Ph.D. Candidate of Qualifying Examination extension**

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| --- | --- | --- | --- |
| Application Year (semester) |   | Application Date | **Y**　 **M** 　**D** |
| **Name** |  | **Student ID** |  |
| **Lab name** |  | **Phone** |  |
| **Reason of extension：** |
| **Extend qualifying examination to year semesterEstimated time of completion is year semester** |
| **Advisor****(signature)** |  |
| **Academic Committee review result** | Follow the y m d Academic Committee review result：□ Agree□ Disagree |

**Note：Please send this form to the department office when you fill out all the information, including Advisor’s signature**