**中國醫藥大學針灸研究所博士論文**

Thesis Number

編號：GIAS-PhD-Academic Year of Graduate -student ID first 3 digits & last 3 digits

Professor-教授

Associate Professor-副教授

Assistant Professor-助理教授

Advisor

指導教授：○○○　教授

共同指導教授：○○○　教授

Co-Advisor

○○○　副教授

Thesis Topic

論文題目

○○○○○○○○○○

Student Name

研究生：○○○

Date of oral defense

中華民國一O七年六月二十一日（口試日期）

**Ph.D. Dissertation, Graduate Institute of Acupuncture Science, China Medical University**

Thesis Number：GIAS-PhD-Academic Year of Graduate-student ID first 3 digits & last 3 digits

Advisor: Professor ○○○

Co-Advisor: Associate Professor ○○○

Assistant Professor ○○○

Thesis Title

○○○○○○○○○○

Graduate Student: ○○○

yyyy/mm/dd（Date of oral defense）