**The Flow Chart of International Master Program**

**in School of Nursing**

Students are assigned an advisor once they enter the School.

1. Complete at least 30 credits, not including thesis 6 credits.
2. Apply the Final Defense during the specified time and finish before the semester end.
3. The passing score of the Final Defense is 70 and the full score is 100. The score is the average which the committee members scored; however, if there are over half of the committee members scored under 70, the Final Defense fail.
4. Students who fail to pass the Final Defense twice will be dropped from the school.

Final Defense

1. Students must complete all the required courses before applying for the proposal.
2. The proposal committee members shall be recommended 3-5 people by the advisor, and approve by the Acting Director, School of Nursing.
3. The students shall pass the Master's Thesis Proposal before applying the Final Defense.

The Master's Thesis Proposal

)

**TThesis Format**

1. The thesis should be typed and printed only on one side of the paper.
2. **The Format of the Thesis Cover** should be arranged as horizontal type (appendix 1), and the **format of the spine** should be arranged as appendix 2. The color of the cover is **red**, and the letter is **black (soft-cover)/ golden (hard-cover)**. The first letter of the title should be capitalized.
3. The format of **title page** is as appendix 3. Advisor’s signature is required.
4. Appendix 4 : **Graduate Thesis Certification** is the 2nd page of your thesis.
5. Appendix 5 : **Thesis Publication Agreement** is the 3rd page of your thesis.
6. Appendix 6 : **Thesis Defense Confidentiality Agreement** is the 4th page of your thesis.
7. Appendix 7 : **Agreement of Master Thesis Printing** is the 5th page of your thesis. Advisor’s signature is required.
8. **Abstract** of the thesis is limited to two pages. Format of the abstract page is presented as appendix 8.
9. The format for **Table of content** is as appendix 9.
10. **A4 size paper** (297 mm long and 210 mm wide sheet) must be used. Appendix 10 shows the page **margins** of the thesis.
11. **Page numbers** must be inside the prescribed typing space as shown on Appendix 10. It should be placed in the center of the bottom with the font size of 11.
12. **Font**
13. Font: **Times New Roman**
14. Size: **12**
15. **Spacing**: Double space.
16. Appendix 11 is the **Format Checking List.** Please finish checking before your print out your thesis.
17. Please upload your thesis to TMU library website. After the librarian verified, please print the notification and the letter of authorization for submission. Since the system is in Chinese, please go to the library and ask for librarian’s help.
18. The format of thesis writing, please refer to the most current **APA** format **(6th** **Eds**.)

Appendix 1

Taipei Medical University

School of Nursing

Master Thesis

Advisor: Type Name

Thesis’s Title

Student’s Name: (Type Name)

Month Year

 Taipei Medical University

 **Master Thesis │││││Topic│││││ Student’s Name 20xx**

**School of Nursing**

Appendix 2

Appendix 3

Taipei Medical University

School of Nursing

Master Thesis

Thesis’s title

Advisor: Typed Name (Signature)

Student’s Name: (Typed Name)

Month Year

Appendix 4

**Taipei Medical University**

**Graduate Thesis Certification**

(A completed copy of this form must be bound in submitted thesis)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title)

This thesis is the master’s degree thesis/doctoral dissertation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Taipei Medical University. This work has been judged satisfactory by the committee members after the degree candidate passed an oral examination.

Committee:

(Name) (Institution, Title) Thesis Advisor Date

(Name) (Institution, Title) Committee Member Date

(Name) (Institution, Title) Committee Member Date

(Name) (Institution, Title) Committee Member Date

(Name) (Institution, Title) Committee Member Date

(Name) (Institution, Title) Committee Member Date

Appendix 5

**Agreement of Master Thesis Printing**

This thesis of which had been reviewed by committees, and revised the manuscript as the committees’ suggestions. I agree the graduate to print this manuscript.

 Advisor: ＿＿＿＿＿＿＿

Date: ＿＿＿＿＿＿＿

(YYYY/MM/DD)

Appendix 6

**Abstract**

Title of Thesis:

Institution: Graduate Institute of Nursing, Taipei Medical University

Author:

Thesis Advisor: (Name & Title)

Appendix 7

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**1.5cm (Having the page number)**

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**5cm**

Appendix 8

**Taipei Medical University Master Program in School of Nursing**

Appendix 9

**Master Thesis
Format Checking List (advisor)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Items** | **Review Comments** |
| --- | --- |
| **1st Review** | **2nd Review** | **3rd Review** |
| Abstract |  |  |  |
| Table of Content |  |  |  |
| Pages |  |  |  |
| Font size |  |  |  |
| Figures |  |  |  |
| Tables |  |  |  |
| Citations |  |  |  |
| Statistical presentation |  |  |  |
| References |  |  |  |
| **Results** | **□ Accept****□ Reject** | **□ Accept****□ Reject** | **□ Accept****□ Reject** |
| **Reviewer/Date** | **/** | **/** | **/** |

**Taipei Medical University Master Program in School of Nursing**

**Master Thesis
Format Checking List (officer)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Items** | **Review Comments** |
| --- | --- |
| **1st Review** | **2nd Review** | **3rd Review** |
| Margins |  |  |  |
| One-sided printing |  |  |  |
| Cover |  |  |  |
| Spine |  |  |  |
| Title page |  |  |  |
| ETDS Authorization |  |  |  |
| Certification of approval |  |  |  |
| Publication agreement |  |  |  |
| Consent of Confidentiality |  |  |  |
| **Results** | **□ Accept****□ Reject** | **□ Accept****□ Reject** | **□ Accept****□ Reject** |
| **Reviewer/Date** | **/** | **/** | **/** |

**Taipei Medical University Master Program in School of Nursing**

**Master Thesis**

**Graduate Process List**

Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Items** | **Date** | **Sign** |
| Submit the thesis and bring the thesis to the advisor. |  |  |
| Officer Check List | Fill out the graduate survey on My2TMU.(Characteristic、Competencies、Courses) |  |  |
| Return the mailbox key and empty the mailbox. |  |  |
| Fill out the information of “Student Learning Information Center”. |  |  |

Please finish the list and bring the list to the administrative teacher with Graduate Leaving List.