**Academic Ethics Statement**

Name:

🞎 Master’s program 🞎 In-service master’s program

Under the supervision of my advisor during the thesis composition, I am well-informed of the definitions and prohibition of plagiarism in academic writing. I declare that the citations in my thesis and the charts or graphs I adopted from others’ works have no plagiarism or violations of academic ethics. If any violation of academic ethics in my thesis is confirmed true, I should take legal liability for this and completely agree with the punishment of withdrawal of the Master/Doctor degree granted by Degree Conferral Act Article 17.

I verify that my thesis/dissertation has been checked for plagiarism by software, such as SYMSKAN of Airiti Library or iThenticate Plagiarism Checking Software provided by the library of Wenzao Ursuline University of Languages, and the results of Plagiarism Checking is attached to this Statement after being reviewed by my advisor who confirmed that no violations of academic ethics are found in my thesis/dissertation before the oral defense.

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| Plagiarism Checking Results |
| Thesis title­­­­­­­­­­­­­­­­:  Overall Similarity(%): %  ※The maximum overall similarity percentage is specified by the academic departments/graduate institutes based on their academic specialization or verifications by the advisor.  Plagiarism Checking Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (YYYY/MM/DD) |
| **Self-checklist for Plagiarism**  The thesis/dissertation is not written by “fraudulent means” or someone else, and no “mix” of words from others is used (not paraphrasing the thesis/dissertation from multiple sources). Also, sources are all properly cited, and anything which I directly quoted is put in quotation marks. The plagiarism check results show no violations of academic ethics.  Declarant:  Date： (YYYY /MM/DD)  (Signature)  Tel.： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Advisor： Date： (YYYY /MM/DD)  (Signature) |