Appendix 1

Tzu Chi University
Department of Public Health

Request for Appointment of Oral Examination Committee Member

Student Name		Student ID	
Committee Member Name		Workplace and Title	
Thesis or Project/Research Report Title			
Brief Description of Thesis or Project/Research Report			
Committee Member's Academic or Professional Achievement			
Relevance of Your Research or Project to Committee Member's Academic or Professional Achievement			
Committee Member's Signature			

☐Approval by the departmental meeting of the Department on_____

☐A copy of CV is attached

Chairperson's signature：_____Date _____