Appendix 15

Tzu Chi University
Department of Public Health

Score Report of Final Oral Examination

Student Name		Student ID	
Thesis or Project/Research Report Title			
Examination Date/Time			
Summary of Comments			
Results	☐ Passed Average Score: 【 】 ☐ Failed		

Signature of committee members:

_____ _____ _____

Signature of Chair of Final Oral Examination Committee: _____

Date: _____ (mm/dd/yyyy)