Appendix 16

Tzu Chi University
Department of Public Health

Approval by Final Oral Examination Committee

Student Name：_____ Student ID：_____

The Title of Thesis or Project/Research Report Submitted：

_____

After deliberation among the committee members, the above student's research endeavor, with the title stated above, has met the academic and research requirements of TCU's Department of Public Health; hence the student is qualified for a master's degree.

Final Oral Examination Committee:

Chair：_____ (signature)

Member： _____ (Printed name) _____ (Signature)

_____ (Printed name) _____ (Signature)

_____ (Printed name) _____ (Signature)

Department chairperson_____ (Signature)

Date：_____ (mm/dd/yyyy)