Appendix 17

Tzu Chi University
Department of Public Health

Change Request for Final Oral Examination

Application Date: _____ (mm/dd/yyyy)

Group Name		Student Name		Student ID	

Type of Change	Before Change	After Change	Reason(s) for Change
Thesis or Project/Research Report Title			
Date of Examination			
Location of Examination			
Committee Member(s)			

Student's signature: _____ Date _____

Advisor's Comments & Signature		Chairperson's Comments & Signature	