Appendix 3

Tzu Chi University
Department of Public Health

Request for Change of Faculty Advisor

Application Date: _____(mm/dd/yyyy)

Student Name		Student ID	
Reasons for Change (Mark all that apply)	☐ The current advisor is no longer with TCU. ☐ Student has changed the field of study, which does not fit in the current advisor's expertise. ☐ Other_____		
Current Thesis or Project/Research Report Title		Current Advisor's Signature	
New Thesis or Project/Research Report Title		New Advisor's Signature	
Chairperson's Comments	Signature _____ Date_____ _		

Note:

1. This application must be approved by the current advisor, new advisor and the department chairperson, and then submitted to the Department of Public Health.