Appendix 4

Tzu Chi University

Department of Public Health

Application for Oral Examination on Thesis or Project/Research Report Proposal

Application Date: _____ (mm/dd/yyyy)

Student Name		Student ID	
Examination Date/Time		Examination Location	
Proposal Title			

	Name	Signature
Principal Advisor		
Co-Advisor		
Committee Member		（Not required）
Committee Member		（Not required）
Committee Member		（Not required）

Applicant's name: _____

Signature: _____

Departmental Review：

The Proposal	☐ Submitted	☐ Not submitted

Final decision：

☐ Approved	☐ Failed

Chairperson's signature: _____ Date _____