Appendix 5

Tzu Chi University
Department of Public Health

Review Sheet of Oral Examination on Thesis or Project/Research Report Proposal

Student Name：_____

Student ID：_____

Thesis or Project/Research Report Proposal Title

_____

_____

Oral Examination Results:

☐ Passed

☐ Conditionally Passed

☐ Failed

Comments：

Committee member’s signature:

_____ (Printed name) _____ (Signature)

Date: _____ (mm/dd/yyyy)