Appendix 6

Tzu Chi University
Department of Public Health

# Result of Oral Examination on Thesis or Project/Research Report Proposal

Name：_____Student ID：_____

Thesis or Project/Research Report Proposal Title（English）：

_____

_____

Summary of Review：

☐ Passed

☐ Conditionally Passed

☐ Not passed

Committee Members' Comments：

Committee Chair and Members' signature

| | | | |
|---|---|---|---|
| Committee Chair's signature: | | Review date: | _____ _____ ____<br>Year month date |
| Committee Members' signature: | | Review date: | _____ _____ ____<br>Year month date |
| Committee Members' signature: | | Review date: | _____ _____ ____<br>Year month date |
| | | | |
| | | | |