Appendix 9

Tzu Chi University
Department of Public Health

# Application for Final Oral Examination

Application date:_____(mm/dd/yyyy)

| | | | |
|---|---|---|---|
| Student Name | | Student ID | |
| Examination Date/Time | | Examination Location | |
| Thesis or Project/Research Report Title | | | |

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

Student's Signature：_____

**Departmental review：**

| | | |
|---|---|---|
| Have completed 28 credits hours | ☐ Passed | ☐ Failed |

**Final decision：**

| | |
|---|---|
| ☐ Passed | ☐ Failed |

Chairperson's signature: _____Date _____