



2018 - 2019
Graduate Student Handbook of
Public Health



Website : <http://www.ph.tcu.edu.tw>

Address : No. 701, Sec. 3, Zhongyang Rd., Hualien City, Hualien

County 970, Taiwan

Phone : 886-3-856-5301 ext. 2271 or 2285

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慈濟大學

公共衛生學系碩士班

TCU DEPARTMENT OF PUBLIC HEALTH

教育目標

◀ 碩士班 ▶

EDUCATIONAL GOALS FOR MASTER'S STUDENTS

1. To train public health professionals who possess good knowledge and ability with willingness to help people in need.
2. To train public health professionals who are capable of leading a team and conducting research for public health matter.
3. To train public health fellows who understand multi-ethnic health issues.



Tzu Chi University
Department of Public Health

Requirements for Master's Students

I. Degree Requirements:

A master's student has to write a thesis and fulfill the requirement of course work. The study period is two to four years.

Students must complete 28 credit hours of courses, including those of required course (listed below), and 6 credit hours of thesis writing (not included in the coursework).

Required Courses

Required Courses for All Master's Students		
Course Code	Course Title	Credit Hours
PH6001	Principle of Epidemiology	2
PH6002	Fundamentals of Biostatistics	2
PH5052	English Proficiency in Health Science Research	1
PH5065	Research Ethics Education Online Program	0
PH5001 PH5002 PH5003 PH5004	Seminar I Seminar II Seminar III Seminar IV	Earn one credit hour per course, for a total of 4 credit hours.
PH5059	Research ethics	1
PH6003 PH5026	Research Methodology of Public Health or Special Topics in Qualitative Research	2
PH6012 PH5049	Special Issues of Public Health or Individual Studies in Health and Social Issues of Multi Ethnic Society	3

* "Fundamentals of Biostatistics" can be waived for those who have passed the test.

* Students failing the English Proficiency Test must take "English Proficiency in Health Science Research."

II. Credit Hours that Meet Graduation Requirements

Credit hours earned from courses offered by various master's programs of the College of Medicine, Tzu Chi University (TCU), certainly meet graduation requirements. The credit hours associated with courses offered by other TCU colleges or other universities, are subject to the department's approval.

III. Temporary Advisor or Faculty Advisor

Before finding a faculty advisor, the student may request a temporary advisor's assistance in selecting courses or other matters. Once a faculty advisor is assigned, the student will be guided by him/her on related research or other matters.

Before the end of the first semester, each student is required to find a faculty advisor (Appendix 2). The faculty advisor must be full-time or a jointly appointed faculty member of TCU's Department of Public Health. Anyone who

is not full-time or a jointly appointed faculty member, can only be a co-faculty advisor to the student.

Should students decide to change their faculty advisors, they must obtain approval from their current and new faculty advisors, and submit an application form (Appendix 3) describing the reasons, to the Department of Public Health. Moreover, the application must meet TCU's deadline.

IV. Oral Examination on Thesis Proposal

Two weeks before the examination, students must submit the application forms (Appendix 4 – 8) to the Department of Public Health.

The student must prepare a proposal based on the format shown on Appendix 7. Only after passing the examination, can the student start research endeavors or keep the project moving.

After completing the review, the committee will conclude the student's proposal as "Passed," "Failed," or "Conditionally Passed" (Appendix 9). The student must submit a complete plan to the Department within a month after passing the oral examination.

The **application deadline** for taking the oral examination on thesis proposal is **the end of the second academic year**. Failing to meet the deadline is deemed giving up the oral examination. Should the student fail the second oral examination, he/she can no longer be a TCU student.

The oral examination committee consists of three to five faculty members or clinical/industrial experts, who include the student's faculty advisor. At least 1/3 of the committee members must be from off-campus.

V. Final Oral Examination and Oral Examination Committee

Students who have taken the required courses and completed the required credit hours, may submit the application for taking the final oral examination (Appendix 10).

When submitting the application, the student must provide the required documents to the Department, and prepare to take the final oral examination, which should take place after two weeks.

The dates of the final oral examination and the oral examination on thesis proposal must be at least three months apart.

The student is required to fill out the application form (Appendix 11 & 15), to obtain the faculty advisor's approval, and then to submit this to the department's chairperson.

Committee members of the oral examination on thesis proposal and final oral examination should be the same persons. However, under some special circumstances, and with the consent of the student's faculty advisor, a committee member may be changed.

The student who has passed the final oral examination must submit the thesis in the required format before the deadline.

The student who has not passed the examination can apply to take it one more time during the study period, by obtaining approval from the faculty advisor and

the department's chairperson. If the student fails the final oral examination a second time, he/she can no longer be a TCU student.

VI. Requirements for Basic Literacies and Core Competencies
Basic Literacy and Core Capabilities for TCU's Master Students of the
Department of Public Health

Basic Literacy and Core Competencies	Description	Activities to reach the goal
Student Basic Literacy [General Ability and Attitude]	1. Ability to express and communicate on health issues	Seminar (I) (II) (III) (IV)
	2. Professional dedication, sociability, and ability of working with people of different disciplines.	Special Issues of Public Health
	3. Altruistic spirit of promoting population health.	Volunteer service for 10 hours
Core Competencies for Students Choosing to Write A Thesis: [Professional Ability]	1. Ability to discover, assess, and study public health issues	(1) Oral examination on thesis proposal (2) Final oral examination
	2. Ability to design, implement, and monitor public health programs	(1) Oral examination on thesis proposal (2) Final oral examination
	3. Ability to express and communicate health issues	(1) Oral examination on thesis proposal (2) Final oral examination
	4. Ability of team leadership and working with people with different disciplines	(1) Oral examination on thesis proposal (2) Final oral examination
Core Competence for Students Selecting Non-Thesis Option [Professional Ability]	1. Ability to discover, assess and solve public health issues	(1) Oral examination on thesis proposal (2) Final oral examination
	2. Ability to design, implement and monitor public health programs	(1) Oral examination on thesis proposal (2) Final oral examination
Other Graduation Requirements	<ul style="list-style-type: none"> ▪ Each student has to submit a paper to a journal or a conference meeting, which is approved by faculty advisor ▪ Before applying for final oral examination, each student must have participated in public health conference meetings for at least 6 times. 	



**Tzu Chi University
Department of Public Health**

Request for Appointment of Oral Examination Committee Member

Student Name		Student ID	
Committee Member Name		Workplace and Title	
Thesis Title	Chinese :		
	English :		
Brief Description of Your Thesis			
Committee Member's Academic or Professional Achievement			
Relevance of Your Thesis to Committee Member's Academic or Professional Achievement			
Committee Member's Signature			

Approval by the departmental meeting of the Department on _____

A copy of CV is attached

Chairperson's signature : _____ Date _____



Tzu Chi University
Department of Public Health

Confirmation of Faculty Advisor

_____ (Faculty adviser) agrees to advise

_____ (Student)

in writing a thesis.

Student's signature _____ Date _____

Faculty advisor's signature _____ Date _____

Chairperson's signature _____ Date _____



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)	<p>The current advisor is no longer with TCU. _____ (Please specify.)</p> <p>Student has changed the field of study, which does not fit in the current advisor's expertise. <input type="checkbox"/> Other _____</p>		
Current Thesis Title	Chinese : _____	Current Advisor's Signature	
	English : _____		
New Thesis Title	Chinese : _____	New Advisor's Signature	
	English : _____		
Chairperson's Comments	Signature _____ Date _____		

Note:

1. This application must be approved by current advisor, new advisor and the department chairperson, and then submitted to the Department of Public Health.
2. The thesis title must be applied and the oral examination must be taken, before the deadline.



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. _____ (Please specify.)		
	Student has changed the field of study, which does not fit in the current advisor's expertise. <input type="checkbox"/> Other		
Current Thesis Title	Chinese :	Current Advisor's Signature	
	English :		
New Thesis Title	Chinese :	New Advisor's Signature	
	English :		
Chairperson's Comments	Signature _____ Date _____		

Note:

1. This application must be approved by current advisor, new advisor and the department chairperson, and then submitted to the Department of Public Health.
2. The thesis title must be applied and the oral examination must be taken, before the deadline.



Tzu Chi University
Department of Public Health

Application for Oral Examination on Thesis Proposal

Application Date: _____ (mm/dd/yyyy)

Student Name		Student ID	
Examination Date/Time		Examination Location	
Proposal Title	Chinese :		
	English :		
	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 Thesis Proposal	<input type="checkbox"/> Submitted	<input type="checkbox"/> Not submitted
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Final decision :

<input type="checkbox"/> Approved	<input type="checkbox"/> Failed
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Chairperson's signature: _____ Date _____



Tzu Chi University
Department of Public Health

Review Sheet of Oral Examination on Thesis Proposal

Student Name : _____

Student ID : _____

Thesis Proposal Title (Chinese) :

Thesis Proposal Title (English)

Oral Examination Results:

Passed

Conditionally Passed

Failed

Comments :

Committee member's signature:

_____ (Printed name) _____ (Signature)

Date: _____ (mm/dd/yyyy)



Tzu Chi University
Department of Public Health

Result of Oral Examination on Thesis Proposal

Name : _____ Student ID : _____

Thesis Proposal Title (Chinese) :

Thesis Proposal Title (English) :

Summary of Review :

- Passed
- Conditionally Passed
- Not passed

Committee Members' Comments :

Committee chair's signature: _____

Review date: _____
 Year month date

Date _____ (mm/dd/yyyy)



Tzu Chi University
Department of Public Health
Format of Thesis Proposal

I. Cover page

←————— 21cm —————→

Tzu Chi University
Department of Public Health
Thesis Proposal

Title: Chinese _____
English _____

Student Name : _____
Adviser Name : _____

year month days

↓ 29.6cm

II. Proposal summary in Chinese (one page)

III. Proposal summary in English (one page)

IV. The background, purposes and importance of this study, related prior research, and existing literature, should be introduced.

V. Materials and Methods:

1. Research methods
2. Study limitations.

VI. Expected works and contributions:

1. Timetable for carrying out the work items.
2. Expected contributions or values of your study.



Tzu Chi University
Department of Public Health

Consent for Submitting Thesis Proposal

Student Name : _____

Student ID : _____

Thesis Proposal Title (Chinese) :

Thesis Proposal Title (English) :

Advisor's signature: _____

Date: _____

Due date is: _____ (mm/dd/yyyy)



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 Title	Chinese :		
	English :		
	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	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed
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Final decision :

<input type="checkbox"/> Passed	<input type="checkbox"/> Failed
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Chairperson's signature: _____ Date _____



Tzu Chi University
Department of Public Health

**Application for Appointment of Oral Examination Committee
Members**

Application Date: _____ (mm/dd/yyyy)

Department		Student Name		Student ID	
Year/Semester		Examination date		Examination Location	
Thesis Title		Chinese:			
		English:			
Examination Committee Member	On-campus or Off-campus	Name	Education	Workplace	Title
		Chair			

Note: Examination committee consists of three to five members (more than one third must be off-campus members). The President may designate a member as the chair who is not the advisor.

Advisor's Comment		Chairperson's Comment	
Registrar's Comment		Dean of Academic Affairs	

<p>President</p>	
<p>Notes</p>	<p>I. The required documents are as follows:</p> <ol style="list-style-type: none"> 1. The application form 2. Invitation letters 3. The proof of completing required credit hours and coursework 4. The faculty advisor's approval. 5. Other <p>Students need to submit them to the department for review, and then forward to the Office of Academic Affairs.</p> <p>II. The Office of Academic Affairs shall review the appropriateness of the approach, date/time, and location of final oral examination as well as the list of the committee members, then present to TCU's president for approval.</p> <p>III. The Office of Academic Affairs will send the copy of approved application form to the department.</p>



Tzu Chi University
Department of Public Health

Invitation Letter

Dear (Title) (Name),

With honor and privilege, Tzu Chi University invites you to be a committee member of 2018 final examination for (student name) of the Department of Public Health.

The meeting will be held on XXXX at XXXX of Tzu Chi University's Main Campus.

Thank you for taking your time and supporting us.

Sincerely,

Pen-Jung Wang, President

For Office Use Only

Signature	Signature of Other Academic Department/ Administrative Office	Signature of School Administrator(s)
Faculty advisor: _____		The Office of the President: _____
Department chair: _____		
Dean's office, the College of Medicine: _____		

To be reviewed by Documentation Section, the Office of General Affairs:

- Has the procedure followed properly? Yes No
- Is the format appropriate? Yes No



Tzu Chi University
Department of Public Health

Score Sheet of Final Oral Examination

Student Name		Student ID	
Thesis Title	Chinese:		
	English:		
Examination Date/Time			
Comment			
Score			

Signature of committee member :

_____ (Printed name) _____ (Signature)

Date : _____ (mm/dd/yyyy)



Tzu Chi University

Department of Public Health

Score Report of Final Oral Examination

Student Name		Student ID#	
Thesis Title	Chinese: _____		
	English: _____		
Examination Date/Time			
Summary of Comments			
Results	<input type="checkbox"/> Passed Average Score: 【 】 <input type="checkbox"/> Failed		

Signature of Chair of Final Oral Examination Committee: _____

Date: _____ (mm/dd/yyyy)



Tzu Chi University
Department of Public Health

Approval by Final Oral Examination Committee

Student Name : _____ Student ID : _____

The Title of Thesis Submitted :

Chinese _____

English _____

After deliberation among the committee members, the above student's research endeavor, with the title of thesis listed above, has met the academic and research requirements of TCU's Department of Public Health; hence the student is qualified for master's degree.

Final Oral Examination Committee:

Chair : _____ (signature)

Member: _____ (Printed name) _____ (Signature)

_____ (Printed name) _____ (Signature)

_____ (Printed name) _____ (Signature)

Department chairperson _____ (Signature)

Date : _____ (mm/dd/yyyy)



Tzu Chi University
Department of Public Health

Change Request for Final Oral Examination

Application Date: _____ (mm/dd/yyyy)

Group Name		Student Name		Student ID	
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Type of Change	Before Change	After Change	Reason(s) for Change
Thesis Title			
Date of Examination			
Location of Examination			
Committee Member(s)			

Student's signature: _____ Date _____

Advisor's Comments & Signature		Chairperson's Comments & Signature	
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