**\* Copy for Student**

**Thesis Examination Invoice**

**(For Oral Defense)**

**Spring / Fall Semester, 20**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Student ID |  | |
| Program | ( ) Th.M.  ( ) Th.M+Ph.D.  ( ) Ph.D. | |
| Contact No. |  | |
| **Major** | **Check ( √ )** | **Note** |
| OT |  |  |
| NT |  |  |
| ST |  |  |
| HT |  |  |
| PT |  |  |
| MI |  |  |
| **Thesis Examination Fee** | | |
| Th.M. | | 250,000 |
| Th.M+Ph.D. & Ph.D. | | 550,000 |
| Date:  (YYYY-MM-DD) (Signature) | | |

**1 / 3**

**\* Copy for AIGS Office**

**Thesis Examination Invoice**

**(For Oral Defense)**

**Spring / Fall Semester, 20**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Student ID |  | |
| Program | ( ) Th.M.  ( ) Th.M+Ph.D.  ( ) Ph.D. | |
| Contact No. |  | |
| **Major** | **Check ( √ )** | **Note** |
| OT |  |  |
| NT |  |  |
| ST |  |  |
| HT |  |  |
| PT |  |  |
| MI |  |  |
| **Thesis Examination Fee** | | |
| Th.M. | | 250,000 |
| Th.M+Ph.D. & Ph.D. | | 550,000 |
| Date:  (YYYY-MM-DD) (Signature) | | |

**2 / 3**

**\* Copy for Accounting Team**

**Thesis Examination Invoice**

**(For Oral Defense)**

**Spring / Fall Semester, 20**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Student ID |  | |
| Program | ( ) Th.M.  ( ) Th.M+Ph.D.  ( ) Ph.D. | |
| Contact No. |  | |
| **Major** | **Check ( √ )** | **Note** |
| OT |  |  |
| NT |  |  |
| ST |  |  |
| HT |  |  |
| PT |  |  |
| MI |  |  |
| **Thesis Examination Fee** | | |
| Th.M. | | 250,000 |
| Th.M+Ph.D. & Ph.D. | | 550,000 |
| Date:  (YYYY-MM-DD) (Signature) | | |

**3 / 3**