**Thesis/Dissertation Draft Supervision**

To: Final (Oral) Examination Committee

From: Supervisor, Professor

This is to verify that I supervised the research activities toward the thesis as follows;

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| Graduate School | | Program | ( ) Th.M. ( ) Th.M.+Ph.D. ( ) Ph.D. |
| Major |  | Name |  |

**[Thesis Title]**

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**1st Supervision**

Supervisor: Professor (signature) Date:

**2nd Supervision**

Supervisor: Professor (signature) Date:

**3rd Supervision**

Supervisor: Professor (signature) Date: