**Second Reader’s Recommendation**

To: Final (Oral) Examination Committee

From: (Advisor)

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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Here I recommend the candidate for (Spring/Fall) to apply for final (oral) examination.

Year 20 Month Day

Advisor: (signature)