**Submission of Title and Proposal of Thesis**

**[Submitter]**

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| Graduate School | | Program | ( ) Th.M. ( ) Th.M.+Ph.D. ( ) Ph.D. |
| Major |  | Name |  |
| Student ID |  | Contact | CP :  Email : |

**[Thesis Title]**

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I submit the thesis title and proposal with the draft of thesis.

Year 20 Month Day

Name: (signature)

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| **Result of Evaluation**  Comment  Result   |  |  | | --- | --- | | PASS | NONPASS | |  |  |   Year 20 Month Day  Examiner: (signature) | **Recommendation**   |  |  | | --- | --- | | Supervisor | Professor | | 2nd  Reader | Professor | | 3rd  Reader | Professor |   I recommend as above.  Year 20 Month Day  Recommender: (signature) |
| **Confirmed Verification**  I confirmed as above.  Year 20 Month Day  Dean of AIGS: (signature) |