**Thesis Printing Permit**

**[Student Data]**

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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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This is to certify that I, a Thesis Advisory Committee member for the degree candidate above, authorize to print the thesis.

Supervisor (signature)

2nd Reader (signature)

3rd Reader (signature)

Year 20 Month Day

To Dean of AIGS