

Master Oral Defense Application Form

I would like to apply Master Thesis oral defense.

Thesis Title: _____

Oral defense date: _____ / _____ / _____ (yyyy/mm/dd)

Oral defense location: _____

Attachment:

1. Checklist of Course Requirements for the Graduation of M.S. students
2. Recommendation form
3. Thesis Verification form
4. Oral Examination Evaluation sheet
5. Certificate of Appointment(one sheet per member)

Advisor's signature: _____

Director's signature: _____

Applicant's signature: _____

Date: _____ / _____ / _____
(yyyy/mm/dd)