

Agreement from Thesis Advisor for the Application for Presentation of
Thesis Proposal

Application Date : _____year_____month_____day

Student Name : _____

I, _____, would like to seek approval from Dr. _____
_____ of my application for the presentation of my thesis proposal.

* Please sign below if you agree to the student's application for the presentation of
thesis proposal. *

Date : _____year_____month_____day