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| **Part 1 Student** |
| Full Name (Mr./Ms./Miss.) ............................................................................ STUDENT ID..........................................  Student Level 🗆 Master’s degree course ……………........................................... 🗆 plan 1.1  🗆 plan 1.2  🗆 plan 2      Faculty.................................................. Major..................................................................................................................  MOBILE PHONE................................. EMAIL ADDRESS................................................................................................  Thesis Advisor's opinion……………..................................................................................................................................  ...............................................................................................................................................................................................    ①Signature................................................ ② Signature......................................  (................................................) (................................................)  Student Thesis Advisor  Date : .................................................. Date : ............................................ |

**Part 2 Comment/ Signature**

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| **Chairperson of the Program signature and gave his comment.** ................................................................................................................................................................................................  ...............................................................................................................................................................................................  Signature.............................................................  (..........................................................)  Date : ............................................ |

**Part 3 Board of Academic department**

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| Head of department/assigned person ...............................................................................................................................................................................................  …..…………………………………………..…………………………………………………………………………………………….……….………………....  Signature...........................................................  (..........................……………….…..….)  Date : ............................................ |