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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 : ............................................  |