Application for Approval of Thesis Proposal

Student’s Name: (Mr/Miss/Mrs/Title) …………………………. Last name: ……………………………...

Degree:
☐ Doctoral Degree   ☐ Plan 1.1       ☐ Plan 1.2       ☐ Plan 2.1       ☐ Plan 2.2
☐ Master’s Degree   ☐ Plan A1       ☐ Plan A2

Program:
☐ Regular Program  ☐ Special Program  ☐ Golden Jubilee Program
☐ Regular Program (International)  ☐ Special Program (International)

Student’s ID No.: ………………….…..…  Major Field: ………… ..………..….……..……  (Major Field Code: …….…….……)

Subject Group (if any): …………………………….………..…………  Department: …………………………….………..…………

Minor Field (if any): ………………………….…………………..…  Campus: ……………….…………....…….…….…...……...

Semester/Year of Admission: ……..…..……../………..... ……  Contact Phone No.: ………………………….………..…….……

Thesis Format:
☐ Science  ☐ Social Science

Request for Approval of Thesis Proposal, in Which It has been Confirmed that the Thesis Title does not Repeat Existing Titles.

Proposed Thesis Title: ………………………………………………………………………………………………………………………………

Keywords: …………………………………………………………………………………………………………………………………………………

Student’s Signature: …………………………………………………

(………………………………………………)

Date: ………………………/…………/……….

The Thesis Proposal is Approved by the Advisory Committee:

Name and Title     Code     Signature     Date
Thesis Advisor     ……………………………………………………     ……………………………..     …/…/……
Thesis Co-Advisor  ……………………………………………………     ……………………………..     …/…/……
Thesis Co-Advisor  ……………………………………………………     ……………………………..     …/…/……
Thesis Co-Advisor  ……………………………………………………     ……………………………..     …/…/……
Thesis Co-Advisor  ……………………………………………………     ……………………………..     …/…/……
Head of Department / Graduate Program Committee Chairperson:

Signature: ……………………………………………………

(…………………………………………………)

Date: ………………………/…………/……….

(For KU. Graduate School Officer Only)

To: Dean

For approval

…………………………………………………

Associate Dean

Date: ………/………./……….

Approved

…………………………………………………

Dean

Date: ………/………./……….

March 2008