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|  | **UNIST GRADUATE PROGRAM****MASTER'S THESIS/DOCTORAL DISSERTATION APPROVAL** |

 **THIS FORM MUST BE SUBMITTED WITH THE FINAL VERSION OF THE DEFENDED THESIS/DISSERTATION**

 **DEGREE: □ M.S □ Ph.D**

 **Submitted by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name Last Name

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 Degree Name in Full (e.g. Master of Science, Doctor of Philosophy) Name of Program(Major)

 Date of Defence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

**As advisor for the above student, I certify that I have read the following defended thesis/dissertation, have approved changes required by the final examiners, and recommend it to the Department(School) for acceptance.** Furthermore, I the advisor, certify that the aforementioned thesis/ dissertation is the original work done by the student and all referenced work is properly accredited.

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| Name of Chair Examining Committee (Advisor) |  | Signature of Examining Committee Member |  | Date (yyyy/mm/dd) |

**The undersigned certify that they recommend this thesis/dissertation to the Graduate School for acceptance and also guarantee that it is the student's original work.**

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| Name of Examining Committee Member |  | Signature of Examining Committee Member |  | Date (yyyy/mm/dd) |
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 **NOTE: The signatures of all examining committee members are required for approval.**

 **PROGRAM COMPLETION**

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| Student has passed comprehensive exams :  | □ Yes □ No |
| Student has attained required credits for the degree : | □ Yes □ No |
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| Name of Department(School) Head |  | Signature of Department(School) Head |  | Date (yyyy/mm/dd) |