|  |  |
| --- | --- |
|  | **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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| 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.**

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

**NOTE: The signatures of all examining committee members are required for approval.**

**PROGRAM COMPLETION**

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