

Confirmation Form for Faculty Advisor on a Student's Thesis · **Graduation Test · Credit** Schedule

Student	Full Name		Nationality	
	Alien Registration Number		Degree Program (Master, Ph.D)	
	Program of Study (Major)		C.G.P.A	/
	Matriculation Date		Graduation Date	
	Telephone		E-mail	
Schedule	Date	Guidance Remarks(written by Faculty Advisor)		
<p>I hereby confirm that the student above has completed his/her courses of study and is currently preparing for his/her (Master/Ph.D) thesis/dissertation, graduation test or obtaining credit(choose one) under my guidance, therefore, I request the Ministry of Justice to extend the student's permitted period of sojourn so that he/she can successfully obtain degree.</p> <p style="text-align: center;">20 . . .</p>				
Faculty Advisor	Job Title			
	Full Name	(Stamp or Signature)	Tel	
Adminis- tration	Job Title			
	Full Name	(Stamp or Signature)	Tel	
To. The Head of ○ ○ Immigration (Branch) Office				