

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

<b>Student</b>	Full Name		Nationality	
	Alien Registration Number		Degree Program (Master, Ph.D)	
	Program of Study (Major)		C.G.P.A	/
	Matriculation Date		Completion coursework Date	
	Telephone		E-mail	
<b>Schedule</b>	<b>Date</b>	<b>Guidance Remarks(written by Faculty Advisor)</b>		
<p>I hereby confirm that the student above has completed his/her courses of study and is currently <u>preparing for his/her (Master/Ph.D) thesis/dissertation, graduation test or obtaining credit(choose one)</u> 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>				
<b>Faculty Advisor</b>	Job Title			
	Full Name	(Stamp or Signature)	Tel	
<b>Adminis tration</b>	Job Title			
	Full Name	(Stamp or Signature)	Tel	
<p>To. The Head of ○ ○ Immigration (Branch) Office</p>				