

REQUEST FOR ORAL DEFENSE

Year 년도	Semester 학기	Name 이름	Student ID number 학번	
Language 언어		Program 학위과정	Area 전공	Year in Program 학년

Dissertation Advisor Name (논문 지도교수 이름):

Dissertation Title (논문 제목):

As a Dissertation Advisor, I _____ affirm that the above student's dissertation has passed plagiarism test and now he/she is allowed for oral defense.

Dissertation Advisor 논문지도교수 서명

Date 날짜

Procedure

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