

APPROVAL FOR DISSERTATION REVISION

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 revised and completely passed.

Dissertation Advisor 논문지도교수 서명

Date 날짜

After the Oral Defense, if you are advised to revise your dissertation and completed it, then you can fill out this form. After you get the signature from your dissertation advisor, submit this form to the Academic/ Admissions Office. Retain a copy for your records.

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