

## APPROVAL FOR THESIS REVISION

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

Thesis Advisor Name (논문 지도교수 이름):

Thesis Title (논문 제목):

As a thesis Advisor, I \_\_\_\_\_ affirm that the above student's thesis has revised and completely passed.

\_\_\_\_\_

Thesis Advisor 논문지도교수 서명

\_\_\_\_\_

Date 날짜

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

| FOR OFFICE USE ONLY |  |            |  |
|---------------------|--|------------|--|
| Received<br>접수인     |  | Date<br>날짜 |  |



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TORCH TRINITY GRADUATE UNIVERSITY