## THESIS PROPOSAL APPROVAL

## FOR ThM STUDENTS, 2nd SEMESTER

Year 년도	Semester 학기	Name 이름					Student ID number 학번			
Language 언어		Program 학위과정 C		Conc	ncentration 전공			Year in I	Program 학년	
Thesis Advis	or Name (논문 지도	트교수 이름	·):							
Thesis Title (	(논문 제목):									
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	Department	Reader				Interdi	sciplinary R	eader		
(recommended by the advisor)				(recommended by the advisor)						
Department Reader (assigned by the Thesis Committee)				Interdisciplinary Reader (assigned by the Thesis Committee)				ee)		
TI	nesis Advisor 논문지 <u>다</u>	 E교수 서명					Date 날	짜		
After you g form to the copy for yo	et the signature from Academic/ Admi	om your the ssions Off	esis advisor, ice by the 3	pleas 3 <sup>rd</sup> Fri	e ATTACH ' day of May	THE TH /Novemb	ESIS PROPoer in your	OSAL a 2 <sup>nd</sup> seme	nd submit this ester. Retain a	
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Departmer Chair	nt	Date								

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Department Chair 학과장		Date 날짜				
Thesis Committee Chair 논문위원회의장		Date 날짜				

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Received 접수인		Date 날짜					

