THESIS PROPOSAL APPROVAL

FOR MEd STUDENTS, 2nd SEMESTER

Year 년도	Semester 학기	Name 0	Name 이름				Student ID number 학번		
Language 2	Language 언어		Program 학위과정 Concentration 전공		5	,		Program 학년	
Thesis Advis	or Name (논문 지도	도교수 이름	·):						
Thesis Title ((논문 제목):								
	COND semester,								
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	Department					Interdic	ciplinary R	eader	
	(recommended by		or)		(recommended by the advisor)				
Department Reader (assigned by the Thesis Committee)				Interdisciplinary Reader (assigned by the Thesis Committee)					
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 Thesis Advisor 논문지도교수 서명					Date 날짜				
After you g form to the copy for yo	et the signature from Academic/ Admi	om your the issions Off	esis advisor, ice by the 3	pleas B rd Fri	e ATTACH I day of May/	THE THE	ESIS PROPer in your 2	OSAL a 2 nd 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				

