



MEMORANDUM

Department: Department..... Tel.
Ref. No. / Date
Subject: Thesis Format Verification

Dear Academic Standards Section Graduate School

Attachment 1 Thesis Draft

As (Mr./Mrs./Miss).....Student ID.....
currently studying in the [] Master's Degree [] Doctoral Degree in [] Regular Hours [] Non-Regular Hours
Department..... Major.....
is ready to take thesis examination in Semester Academic Year
on (date) (month) (year) at (time)
at (location).....
English Proficiency Score (CU-TEP/ TOEFL/ IELTS).....

Distribution of thesis by printed and electronics publications (Please check appropriate boxes)

[] There is [] There is not a presentation/publication of the thesis in widely acceptable academic conferences or publications.

[] Awaiting for reply [] Accepted for presentation/publication at [] national level [] international level.

Name of Paper.....
Name of Publication.....
Issue No. Year of Publication..... Pages Country

I hereby request the thesis draft format verification and thank you for your support.

(.....)
Thesis Advisor
...../...../.....