



REQUEST FOR THESIS DEFENSE EXAMINATION

Academic Support Division

Date Receipt.....

Time.....

Receiver.....

①

Semester..... Academic Year

Student Name (Mr./Ms./Mrs.).....

Program of study.....

E-mail

Thesis Title (in English) (Use Capital Letters Only)

--	--	--	--	--	--	--	--	--	--

Student ID

☐ Master ☐ Doctoral

Request for Thesis Defense Examination Date..... Time.....

Venue.....

I hereby declare that I have completed all requirements in accordance with CGI Regulations for graduate education as follows:

1. Required Credits

☐ 36 Credits (Master Degree) ☐ 48 Credits (Master to Doctoral) ☐ 72 Credits (Bachelor to Doctoral)

☐ Other GPAX

2. English requirement

Score..... Date.....

3. Publication requirement

☐ Journal Date of Acceptance

Journal Article

☐ Proceedings Date of Acceptance

Conference

4. ☐ Comprehensive Examination ☐ Qualifying Examination

** Please attach publication / proceedings or acceptance letter with this request form

5. I hereby agree to the CGI Office of Academic Support inviting interested students, faculty and staff to attend my thesis research presentation. ☐ Yes ☐ No

Thesis Advisory Committee (Refer to T01)

Thesis Advisor

Thesis Co-Advisor (if any)

Student's Signature.....

(.....)

Date...../...../.....

② Thesis Advisor's Approval

☐ Approved ☐ Not Approved

Signature

(.....)

Date..... / /