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| Confirmation Form for Faculty Advisor on a Student's Thesis·Graduation Test·Credit Schedule | | | | | | |
| **Student** | Full Name |  | Nationality | |  | |
| Alien Registration Number |  | Degree Program  (Master, Ph.D) | |  | |
| Program of Study (Major) |  | C.G.P.A | | */* | |
| Matriculation Date |  | Graduation Date | |  | |
| Telephone |  | E-mail | |  | |
| **Schedule** | **Date** | **Guidance Remarks** | | | | |
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| I hereby confirm that the student above has completed his/her courses of study and is currently preparing for his/her (Master/Ph.D) thesis/dissertation, graduation test or obtaining credit(choose one) under my guidance, therefore, I request the Ministry of Justice to extend the student's permitted period of sojourn so that he/she can successfully obtain degree.  20 . . . | | | | | | |
| **Faculty Advisor** | Job Title |  | | | | |
| Full Name | (Stamp or Signature) | | Tel |  | |
| **Administration** | Job Title |  | | | | |
| Full Name | (Stamp or Signature) | | Tel | |  |
| To. The Head of ◌ ◌ Immigration (Branch) Office | | | | | | |