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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 | 서울대학교 국제협력본부 실무관 |
| Full Name | 김정원 (Stamp) | Tel | 02-880-4447 |
| To. The Head of ◌ ◌ Immigration (Branch) Office |