

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

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.

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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