

APPROVAL FOR THESIS REVISION

Year 년도	Semester 학기	Name 이름	Student ID number 학번
Language 언어	Program 학위과정	Concentration 전공	Year in Program 학년

Thesis Advisor Name (논문 지도교수 이름):

Thesis Title (논문 제목):

As a thesis Advisor, I _____ affirm that the above student's thesis has revised and completely passed.

Thesis Advisor 논문지도교수 서명

Date 날짜

After the Oral Defense, if you are advised to revise your thesis and completed it, then you can fill out this form.
After you get the signature from your thesis advisor, submit this form to the Academic/ Admissions Office.
Retain a copy for your records.

FOR OFFICE USE ONLY

Received
접수인

Date
날짜



햇불트리니티신학대학원대학교
TORCH TRINITY GRADUATE UNIVERSITY