

Thesis Advisor Confirmation Form

Please attach your transcript(printed from AIS system) along with this form when applying.

Section 1 – to be completed by the student (required)			
Student ID:		Specialization:	<input type="checkbox"/> MAPE <input type="checkbox"/> MGPE <input type="checkbox"/> MED
Name:		Total credits earned:	
Thesis	Thesis title:		
	Brief outline: (500 words, if over, please attach to this form)		
Student Signature:		Date: (YYYY/MM/DD)	
Section 2 – to be completed by the student, confirmed and signed by advisor (both advisors)			
Advisor 1 (TSE full-time faculty or joint appointments)	Name (English):		
	Position:		
	Department/Institution:		
	Email:		
Advisor 2 (If Any)	Name (English):		
	Position:		
	Department/Institution:		
	Email:		
Advisor 1 Signature:		Date: (YYYY/MM/DD)	
Advisor 2 Signature:		Date: (YYYY/MM/DD)	
Section 4 – to be submitted to the program office (required)			
Office Stamp:		Date: (YYYY/MM/DD)	
Program Director Signature:		Date: (YYYY/MM/DD)	