**Master's Thesis Proposal/Final Defense Appointment Form**

**Dear Director of Postgraduate Education Office:**

Respectfully, based on coordination with the supervisors, consultants, and referees, the following date is suggested for the proposal/final defense session.

**Title of proposal/Thesis:** …………………………………………………………………………………………………………………………………………………………………………………………………….

|  |  |
| --- | --- |
| **Student:** | **Signature:** |
| **Date and Time of session:** |
| **The venue:**  |

|  |
| --- |
| **Confirming the proposed time** |
| **Jury:** | **Supervisor:** |
| **Jury:** | **Co-supervisor:** |
| **Planning Office Manager (to determine the meeting location):** | **Representative of Post Graduate Education Ofiice:** |