

## Confirmation Form for Faculty Advisor on a Student's Thesis Schedule/Credit Acquisition Schedule

<b>Student</b>	Full Name		Nationality	
	Foreign Resident Registration No.		Degree Program (Master, Ph.D)	
	Program of Study (Major)		C.G.P.A	/
	Matriculation Date		Graduation Date	
	Telephone		E-mail	

<b>Thesis Schedule</b>	<b>Date</b>	<b>Guidance Remarks</b>

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 under my guidance, therefore, I request the Ministry of Justice to extend the student's permitted period of sojourn so that he/she can finish writing his/her thesis/dissertation.

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<b>Faculty Advisor</b>	Job Title			
	Full Name	(Stamp or Signature)	Tel	
<b>Administration</b>	Job Title	전북대학교 국제협력부 유학생담당자		
	Full Name	(Stamp or Signature)	Tel	063-270-4888

To. The Head of 전주 Immigration (Branch) Office