

Date: \_\_\_\_\_

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## ▶ Defense Permission Form

Student Name:  
Thesis Supervisor:  
Program:  
Thesis Title:

Student ID:  
Co-Supervisor:

I (thesis supervisor) hereby confirm that the thesis (title) by the student  
(student's name) is ready for defense

Thesis Supervisor Signature

Co-Supervisor Signature

Graduate Program Director's Signature

Student signature

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