

Date: _____

▶ Re-examination

Student Name:
Thesis Supervisor:
1st Reader:
Program:
Thesis Title:

Student ID:
Co-Supervisor:
2nd Reader:

Status

The Thesis need to be reexamined for the following reasons

- 1.
- 2.
- 3.

Work Plan for the upcoming period (state the duration from to)

Thesis Supervisor Signature

Co-Supervisor Signature

1st Reader Signature

2nd Reader Signature

Graduate Program Director's Signature
