

Name : .....  
Student ID number : .....  
Study Program : .....  
Field : .....  
Title : .....  
.....  
.....

**Will be held on:**

Day : .....  
Date : .....  
Time : .....  
Location : .....  
Examiner commission  
Supervisor I : .....  
Supervisor II : .....  
Supervisor III/examiner I : .....  
examiner II : .....

**requirements that must be submitted to lecture staff**

- UT - 1 = 1 copy
- UT - 2 = 1 copy
- UT - 7 = 1 copy
- Transcript academic = 1 copy
- Copy of late tuition fee = 1 copy
- Copy of Toefl certificate = 1 copy
- Copy of academic potential test = 1 copy
- Copy of Alih Tahun certificate = 1 copy
- LogBook of Thesis = 1 book
- Seminar card = 1 copy
- Copy of sertificate bachelor = 1 copy
- Student ID card
- Biography of master
- Photograph = 3x4, 5 copies (colour, background:blue)
- Acceptance Letter in the Scientific Jurnal
- Copy of the certificate following national/international seminar

**Costume:**

- a. Male : formal shirt / Full dress (coat & tie), not dark color
- b. Female: national shirt (kebaya)  
Photograph wearing veil has to send letter of statement from vice Dean I, 1 copy and stamp IDR 6.000 (statement letter is enclosed)

# all requirements are entered into yellow folder and submitted due to **one week before exam is taken**

Subject : application of thesis exam

To : head of master program \_\_\_\_\_  
Faculty of MIPA  
University of Brawijaya  
Malang

We would like to inform that the student as follow:

N a m e : .....  
Student ID No. : .....  
Study Program : .....  
Title of thesis : .....  
.....  
.....  
.....

To take thesis exam that will be held on

Day : .....  
Date : .....  
Time : .....  
Location : .....

Thank you for your attention

Malang, .....  
Head of supervisor commission

.....  
NIP.

**APPROVAL OF THESIS EXAMINATION**

The examiner would like to approve the thesis examination of student as follow

Name : .....  
 Student ID number : .....  
 Study program : .....  
 Thesis title : .....  
 .....  
 .....

Which will be held on :

Day : .....  
 Date : .....  
 Time : .....  
 Location : .....

No.	Examiner name	Signature	Approval date
1.	..... Head of commission	.....	.....
2.	..... Member	.....	.....
3.	..... Member / examiner *)	.....	.....
4.	..... Examiner	.....	.....
5.	..... Examiner	.....	.....

Malang, .....  
 Approved  
 Head of master program \_\_\_\_\_,

\_\_\_\_\_  
 NIP.