

PROPOSAL EXAM FILE
MASTER PROGRAM

S-2

Name : _____ (academic title)
Student ID number : _____
Study Program : _____
Field : _____
Title : _____

Conducted on

Day : _____
Date : _____
Time : _____ WIB
Location : _____

Examiner commission

Supervisor I : _____
Supervisor II : _____
Supervisor III/examiner I : _____
Examiner II : _____

Requirement must be submitted to lecturing staff

- ➔ UP 1 = 1 copy
- ➔ UP 2 = 1 copy
- ➔ Academic transcript = 1 copy
- ➔ Copy of Toefl certificate = 1 copy
- ➔ Copy of academic potential test = 1 copy
- ➔ Copy of year change certificate = 1 copy

*exam files are submmitted to lecture staff PPS FMIPA at least one week before exam.

Subject : application of proposal exam for thesis reserach

To : Head of master study program
Master program faculty of MIPA
University of Brawijaya
M a l a n g

We are pleased to state that student as follow

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

To take a proposal exam of thesis research and the exam will be held on

Day : _____
Date : _____
Time : _____
Location : _____

Thank you for your attention and cooperation

Malang,
Supervisor commisssion
Head,

NIP.

APPROVAL OF PROPOSAL EXAM OF RESEARCH THESIS

Examiner team approve the proposal exam of research thesis belongs to student as follow:

Name : _____

Student ID number: _____

Study Program : _____

Will be held on:

Day : _____

Date : _____

Time : _____

Location : _____

| No. | Name | Thesis supervisor | Signature | Approval date |
|-----|------|--------------------|-----------|---------------|
| 1. | | Head of commission | | |
| 2. | | Member | | |
| 3. | | Examiner 1 | | |
| 4. | | Examiner 2 | | |

Malang,
Approved
Head of master program _____

NIP.

*) scratch unimportant thing