결재	담 당	팀 장	원 장

Advisor Assignment Application Form for Master's and Doctoral Students

Department			Program	Master's / Doctoral	
N a m e		Student ID		Semester	
A d m i s s i o n D a t e	YYYY, MM, DD				
Expected Completion Semester	YYYY, Spring semester / Fall semester				
Expected Thesis Submission Date	YYYY, Jan / July				

Please assign the following faculty member as the supervisor for the Master's/Doctoral program:

Advisor : (인)

Department Chair : (인)

YYYY MM DD

Applicant : (인)

To the Dean of the Graduate School, Hoseo University