



Request for Registration of Graduate Thesis Credits Beyond the Maximum allowed

TG.16

Dear Dean of	
I(Mr. / Mrs. / Miss)	Student Code
a graduate student / in the Institute of	
Advisor's Name	
wish to register for thesis credit	
Course CodeCourse Title	-
defense of my proposal on (Date)	
Thank you for your kind consideration.	
	Signature
	()
	Date
N.B. For more information, please call	or E-mail
Advisor's Comments	Dean's Decision
☐ Approved ☐ Not approved	☐ Approved ☐ Not approved
Others (Specify)	Others (Specify)
Reasons (if any)	Reasons (if any)
Signature	Signature
()	()
Date	Date
Implementation by CES	
☐ Completed ☐ Not completed because	
Officer's Signature	Date