Form 2E

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|  |  | Approval by Principal advisorName:　　　　　　　　　　　　　　印 |
| **Application for Master’s Thesis Review**Date (D/M/Y): The Head of the Graduate School of Agriculture, University of MiyazakiBased on Article 4 of the Guidelines for the handling of the master’s thesis review and final exam for the Graduate School of Agriculture, University of Miyazaki, I wish to have my Master’s Thesis reviewed and herewith submit documents required for the review procedure.Applicant:Type of degree (check ✔ one box): □ agricultural science, □ fisheries science,□ scienceYear of admission (in academic year): Course: Name: 印 |
|  | Title of thesis |  |
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