Form 2E

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|  |  | Approval by Principal advisor  Name:　　　　　　　　　　　　　　印 | |
| **Application for Master’s Thesis Review**  Date (D/M/Y):  The Head of the Graduate School of Agriculture, University of Miyazaki  Based 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,  □ science  Year of admission (in academic year):  Course:  Name: 印 | | | |
|  | Title of thesis | |  |
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