



고려대학교

Request for Evaluation of Master's Thesis

Administrative Officer (in charge)	General Manager	Chief Manager	Dean

Degree		Major		Thesis Advisor	
Student No.		Course(expected) Completion Date		Date of Birth	
Email			Mobile No		
Name (English)					
Title of Thesis:					
Subtitle:					
Requirements for Graduation	Coursework Completed (), Not yet ()				
	General Examination		Y: /M: Pass() Exempted()		
	Korean Language Test * (Korean Studies Students ONLY)		Y: /M: Pass() Exempted()		
	Credit Transfer (IDC/ICC/IPS->IKS) * (Korean Studies Students ONLY)		Yes () No()		
	Credits and GPA (Students on the register)	*Until before the final semester		*Final Semester	
		Core:		Core:	
Major:		Major:			
Elective:		Elective:			
Area:		Area:			
Total Credits:		Total Credits:			
Avg. GPA: /4.5					
Certificate of Diploma: Submitted () Enclosed ()					
Thesis Advisor: (Signature)					

I hereby submit the thesis proposal for the consideration as partial fulfillment of the requirements for the degree of Master of Arts.

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Name of Applicant: (Signature)



Recommendation for Appointment to Master's Thesis

Evaluation Committee

Administrative Officer (in charge)	General Manager	Chief Manager	Dean

Degree		Major		Thesis Advisor	
Student No.		Course Completion Date		Date of Birth	
Name (English)					
Title of Thesis:					
Subtitle:					

1. (Thesis Advisor) Evaluation Committee Member	Name of Professor		Department	
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2. Evaluation Committee Member	Name of Professor		Department	
3. Evaluation Committee Member	Name of Professor		Department	

I hereby recommend the thesis advisor and thesis evaluation committee members for this student.

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Thesis Advisor: _____ (Signature)



Master's Thesis Evaluation Result Report

Administrative Officer (in charge)	General Manager	Chief Manager	Dean

Degree		Major		Thesis Advisor	
Student No.		Course Completion Date		Date of Birth	
Name (English)					
Title of Thesis:					
Subtitle:					

Names of Thesis Evaluation Committee Members	A	B	C
Committee Member: (Signature)			
Committee Member: (Signature)			
Thesis Advisor: (Signature)			

※ 1. A and B: Pass, C: Fail. / 2. Please check on the appropriate box

Summary	Passed	Failed
(Signature of the Thesis Advisor)		

- ※ 1. For the student to pass, 2/3 of the total votes should be marked B or above.
2. Full assessment details are attached.

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Thesis Advisor : _____ (Signature)



고려대학교

Master's Thesis Evaluation Summary

(Completed by Thesis Advisor on the presentation day)

Date: 201 . . .

Name of Degree Candidate:

Name of Thesis Advisor: _____ (Signature)



Master's Thesis Evaluation Committee Member

Committee	
Member(Name)	

The student listed below has requested you to be one of the members of the thesis evaluation committee. So please extend your consent and inform the thesis advisor of your evaluation result.

Thesis Advisor				Degree	
Student No.		Name		Email	
				Mobile No	
Title of Thesis:					
Subtitle:					

1. Thesis advisor convenes the evaluation committee and conducts thesis and oral examination. If 2/3 of the committee members agree, thesis advisor approves pass of the examination by signing on the result report.
2. Each committee member's evaluation report should be given to the thesis advisor. Thesis advisor needs to fill in the 'Master's Thesis Evaluation Summary'.
3. The procedure of Master's Thesis Evaluation will be proceeded by the thesis advisor (evaluation date, place etc.).

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Master's Thesis Evaluation Committee Member

Committee Member(Name)	
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The student listed below has requested you to be one of the members of the thesis evaluation committee. So please extend your consent and inform the thesis advisor of your evaluation result.

Thesis Advisor				Degree	
Student No.		Name		Email	
				Mobile No	
Title of Thesis: [Blank]					
Subtitle: [Blank]					

1. Thesis advisor convenes the evaluation committee and conducts thesis and oral examination. If 2/3 of the committee members agree, thesis advisor approves pass of the examination by signing on the result report.
2. Each committee member's evaluation report should be given to the thesis advisor. Thesis advisor needs to fill in the 'Master's Thesis Evaluation Summary'.
3. The procedure of Master's Thesis Evaluation will be proceeded by the thesis advisor (evaluation date, place etc.).

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YELLOW should be written by **APPLICANTS**.

GREEN should be written by **THESIS ADVISOR**.

Receipt for Thesis Evaluation Fee

(Please attach the wire-transfer receipt

Account Number: 391-910005-58304 Hana Bank

Account Owner: GSIS, Korea University)

Name: Student ID: Expected Graduation Date:

Degree	Amount	Check on the appropriate box
Master's Degree	For students who are currently studying: 100,000 Won (Evaluation Fee: 100,000)	
	For completed students / students who are not currently studying: 140,000Won (Evaluation Fee 140,000)	
Doctoral Degree	For students who are currently studying: 400,000 Won (Evaluation Fee 400,000)	
	For completed students / students who are not currently studying : 450,000 Won (Evaluation Fee 450,000 Won)	

The amounts written above are fully paid upon.

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Name: (Signature)

Dean of the Graduate School of International Studies

Thesis Evaluation Fee Receipt
Graduate School of International Studies

Name: Student ID: Expected Graduation Date:

Degree	Amount	Check on the appropriate box
Master's Degree	For students who are currently studying: 100,000 Won (Evaluation Fee: 100,000)	
	For completed students / students who are not currently studying: 140,000Won (Evaluation Fee 140,000)	
Doctoral Degree	For students who are currently studying: 400,000 Won (Evaluation Fee 400,000)	
	For completed students / students who are not currently studying : 450,000 Won (Evaluation Fee 450,000 Won)	

The amounts written above are fully paid upon.

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제출기한연장확인서

(Submission Date Extension Confirmation Document)

성명 (NAME) :

과정 (Program) :

학과 (Major) :

학번 (Student ID) :

상기 본인은 심사위원 _____, _____,

_____ 선생님에게 201 년 _____ 월 _____ 일 까지

심사용 논문을 직접 제출하겠습니다.

I declare that I will submit the thesis for evaluation **in person** to following

thesis advisor _____, and committee

professors _____, _____,

by _____, 201 _____.

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I certify that the above information is all true and correct.

Name of Student: _____ (signature)

Name of Supervisor: _____ (signature)

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