To the Dean of the Graduate School of Medical Sciences

Application Form for Master's Degree
I hereby apply for the Master's Thesis.
Applicant Name Name (Signature)
I agree with the application for the examination of Master's thesis
by (Applicant name) Name .
Academic advisor Name (Signature)
Please write candidate's names for examiners.
Head of examiners Professor OO
Examiner Professor $\Delta\Delta$ $\Delta\Delta$
Examiner Professor
Examiner Professor $\diamondsuit\diamondsuit$

^{*}An academic advisor, an introductory advisor, coauthors of Thesis, and advisors who belong to the same department of applicant are not permitted to be examiners.