

NO.TEL: 09-5492034/2578/2081 NO.FAX:09-5492662

LIST OF CORRECTIONS FORM PROPOSAL DEFENSE

NAME OF STUDENT :

THESIS TITLE :

PROPOSAL DEFENSE DATE :

No.	LIST OF CORRECTIONS	AMENDMENT IN THE PROPOSAL PAGE/JUSTIFICATIONS	

Approved by Supervisor:

Name :

Date



NO.TEL: 09-5492034/2578/2081 NO.FAX:09-5492662

LIST OF CORRECTIONS FORM PROPOSAL DEFENSE

NAME OF STUDENT :

THESIS TITLE :

PROPOSAL DEFENSE DATE :

No.	LIST OF CORRECTIONS	AMENDMENT IN THE PROPOSAL PAGE/JUSTIFICATIONS	

Approved by Supervisor:

Name :

Date



NO.TEL: 09-5492034/2578/2081 NO.FAX:09-5492662

LIST OF CORRECTIONS FORM PROPOSAL DEFENSE

NAME OF STUDENT :
THESIS TITLE :

PROPOSAL DEFENSE DATE :

No.	LIST OF CORRECTIONS	AMENDMENT IN THE PROPOSAL	PAGE/JUSTIFICATIONS

Approved	by	Supervisor:
----------	----	-------------

Name :

Date :