Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the attention of:

The Graduate Studies Authority

**Re: Thesis Submission Approval**

I have the pleasure to confirm that Mr. Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID/SAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is entitled to submit his/her Master's degree thesis to evaluation.

Sincerely,

Supervisor: Supervisor:

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_