**Application for the Evaluation of Doctoral Thesis**

Date： yyyy/mm/dd

To the Dean of Graduate Institute for Advanced Studies / the Dean of School,

Applicant

Program/Department： ○○○○

Student ID No.： ○○○○

Name in Full：　○○○○

I hereby apply for the evaluation of doctoral thesis with related documents in accordance with Article No.6, Clause No.1 of the Degree Regulations of The Graduate University for Advanced Studies, SOKENDAI.

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| Seal of MainSupervisor |
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