## Ph.D. Thesis Proposal Review Sheet

School:	Research Area:	
Student No.:	Name:	
Title of Thesis:		
∘ In English:		
Evaluation Date of Thesis Pro	oposal:	
Re-Evaluation Date of Thesis	Proposal: (In case of re-evaluation	on)
Evaluation Result: Approval	I: Rejection:	
methods, plans, general revi	ed knowledge, Literature survey, Originality, Main ew):	
School Dean	Date:	
	Committee Chair	Signature
	Committee Member	Signature
·	Committee Member	Signature

Approved by the President of the GIST