**[For GIST graduates only]**

Confirmation Certificate

for Ph. D. Applicant

|  |  |
| --- | --- |
| Name | : |
| School/Department | : |
| Current Advisor | : |

I hereby confirm that, if the above student is admitted to

the Ph. D. program in the (Name of School/Department)

at GIST, I will supervise his/her doctoral studies.

Date:

Expected Advisor: (Signature)