**Application for the Evaluation of Doctoral Thesis**

Date yyyy/mm/dd

To the Dean of the School of

Applicant

Department of

[Name in Full]

Student ID No.

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 Main  Supervisor |
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