



Communication &
Business Institute
POSTGRADUATE PROGRAMME

LETTER OF CONFIRMATION
Master of Arts in Communication Studies

Name : _____

Student ID : _____

Concentration : _____

Title : _____

**This is to certify that above student has successfully
defended his/her non-thesis (project/prosem)* on:**

Day/Date : _____

Time : _____

Stated PASS FAIL

PANEL OF EXAMINERS

1. Panel Chair (Examiner 1)

(Name)

2. Panel Member (Examiner 2)

(Name)

3. Adviser (Examiner 3)

(Name)

*) Please circle as appropriate

Cn: thspgp/f-lconfirmnt/07/ikb/03/2020/00