



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 thesis 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 )