



Communication & Business Institute

The Leading Graduate School of Communication & Business

THESIS COUNSELLING FORM

Name : _____ Semester : _____
NIM : _____ Academic Year : _____
Major : _____ Thesis Advisor : _____

NO	DATE	Topics Discussed	Advisor's Signature	Remarks
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Note: This form is for 2 semester only.

Approved by:

Head, Thesis Committee	Thesis Advisor	Accounting