**MASTER IN LAW STUDY PROGRAM**

**FACULTY OF LAW UNIVERSITAS GADJAH MADA**

 **Jl. Sosio Yustisia No. 1, Bulaksumur, Sleman, D.I. Yogyakarta, 55281, Telp./Faks.: (0274)512781**

**Laman: http://law.ugm.ac.id – Email: hukum-hk@ugm.ac.id**



**THESIS WRITING APPLICATION FORM**

**To:**

**Head of the Master in Law Study Program**

I the undersigned

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name  | : | **…………………………………** |  |  |  |
| Std. Number | : | **…………………………………** |  |  |  |
| Cluster | :  | **…………………………………** |  |  |  |

|  |  |
| --- | --- |
| Thesis Topic 1 |  |
| Research Question |  |
| Essay (Why do you chose that topic)  |
| Thesis Topic 2 |   |
| Research Question |  |
| Essay (Why do you chose that topic)  |
| Thesis Topic 3 |  |
| Research Question |  |
| Essay (Why do you chose that topic)  |

|  |  |
| --- | --- |
|  | Yogyakarta, ………………………(Sign and name) |

**MASTER IN LAW STUDY PROGRAM**

**FACULTY OF LAW UNIVERSITAS GADJAH MADA**

 **Jl. Sosio Yustisia No. 1, Bulaksumur, Sleman, D.I. Yogyakarta, 55281, Telp./Faks.: (0274)512781**

**Laman: http://law.ugm.ac.id – Email: hukum-hk@ugm.ac.id**



**RESPOND OF THE STUDY PROGRAM:**

Notes:

Acknowledged,

Head of the Master in Law Study Program,

Sri Wiyanti Eddyono, S.H.,LL.M.(HR).,Ph.D.

NIP. 111197309201607201

**MASTER IN LAW STUDY PROGRAM**

**FACULTY OF LAW UNIVERSITAS GADJAH MADA**

 **Jl. Sosio Yustisia No. 1, Bulaksumur, Sleman, D.I. Yogyakarta, 55281, Telp./Faks.: (0274)512781**

**Laman: http://law.ugm.ac.id – Email: hukum-hk@ugm.ac.id**



**LETTER OF APPOINTMENT FOR THESIS SUPERVISOR**

Referring to the thesis writing application form, hereby I appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the thesis supervisor.

Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Department of …………………………

 (Sign and Name)