

INSTITUTE OF TECHNOLOGY OF CAMBODIA

**Faculty of Hydrology and Water Resources Engineering**

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Thesis Consultation Attendance

Name of student:……………………

WEE ;WRI

Name of Adviser:…………………..

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| --- | --- | --- | --- | --- |
| **No.** | **Date of Meeting** | **Point of Discussion** | **Student Signature** | **Adviser Signature** |
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*This is to certify that the student is allowed to submit thesis to faculty.*

Date………………………….

Signature of adviser……………………..