



Siam University, Thailand
International College
LCIC

PROOFREADING CONTENT APPROVAL FORM

Student Information

Student Name: _____
Student ID: _____
Department: _____
Program/Concentration: _____
Advisor Name: _____

Submission Information

Title of Project: _____
Date of Submission: _____
Type of Submission: _____

Advisor's Content Evaluation:

I acknowledge the submission of the provided work by my advisee and approve the submitted content.

Additional Comments/Feedback:

Advisor's Signature:

_____ Date:
[Advisor's Full Name and Title]