

Approval of the Graduate School of Telkom University

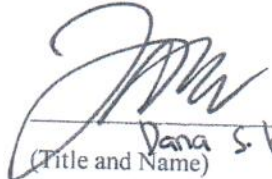
Date (DD/MM/YY) _____

(Dr. Klamon Abdurrahman)

Dean of Informatics Master Telkom University

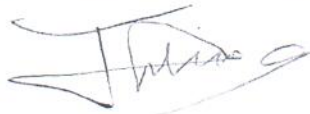
I certify that this thesis satisfies all the requirements as a thesis for the degree of Master Informatics.

Date (DD/MM/YY) _____


Dana S. Kusurto
(Title and Name)

Head of Informatics

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Informatics. Date (DD/MM/YY)




Thee Houw Liong

Supervisor

Examining Committee Members (first name belongs to the chairperson of the jury and the second name belongs to supervisor, the rest is in alphabetical order of first name) Date of examination (DD/MM/YY) _____

Dr. Veronika Albertini
(Title and Name) (Chairperson of the jury) _____

Dr. Adiwijaya
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