



Thesis Advisor and/or/or Co-Thesis Advisor Appointment Form  
Faculty of Pharmacy, Thammasat

Name (Mr. / Mrs. / Ms.).....Surname.....

Student ID.....Field of Study.....

Degree

☐ Doctor of Philosophy (Pharmaceutical and Health Sciences)

☐ Plan 1.1

☐ Plan 1.2

☐ Plan 2.1

☐ Plan 2.2

☐ Master of Science (Pharmaceutical and Health Sciences)

☐ Plan A 1

☐ Plan A 2

I would like to request the appointment of;

1. As the main advisor:.....

Affiliation Institution.....

2. As the co-thesis advisor (if any):.....

Affiliation Institution.....

3. As the co-thesis advisor (if any):.....

Affiliation Institution.....

Co-thesis advisor information (for external experts) (if any)

Educational Qualification/ Field of Study

Academic Position/job position

Affiliation Institution/ Address

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Signature.....Student

Date...../...../.....

I confirm my acceptance as a thesis advisor.

I confirm my acceptance as a co-thesis advisor.

Signature.....

Date...../...../.....

Signature.....

Date...../...../.....

I confirm my acceptance as a co-thesis advisor.

Signature.....

Date...../...../.....

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**The course chairman's comment**

☐ Approve

☐ Other, please indicate.....

Signature.....

(.....)

Date...../...../.....

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**Dean's comment**

☐ Approve

☐ Other, please indicate.....

Signature.....

(Assoc. Prof. Dr. Arom Jedsadayanmata)

Date...../...../.....