Oral Examination Committee Proposal Form for the Qualifying Examination

Faculty of Pharmacy Thammasat University

Dear Chairperson of the Doctor of Philosophy Program, Department of Pharmaceutical Sciences

Name (Mr. / Mrs. / Ms. / Title [Full])..Surname...

Student ID...Field of Study..

Doctoral Degree ☐ Plan 1.1 ☐ Plan 1.2 ☐ Plan 2.1 ☐ Plan 2.2

Types of Program ☐ Regular ☐ Special

I would like to propose the names of the oral examination committee for the qualifying examination as follows:

Qualified committee outside the faculty	Committee from the faculty
⭕ Chairman ⭕ Committee	⭕ Chairman ⭕ Committee

1. Name (Mr./Mrs./Ms./Title)....................................
 Surname..
 Current Qualification ☐ Master's ☐ Degree Ph.D.
 Academic Title
   ☐ Lecturer   ☐ Assistant Professor
   ☐ Associate Professor ☐ Professor
   ☐ Others (please specify)..................................
 Field of Expertise..
 Address..
 ....
 Email: ....
 Mobile No..
	1. Name (Mr./Mrs./Ms./Title)....................................
	 Surname..
	 Current Qualification ☐ Master's ☐ Degree Ph.D.
	 Academic Title
	   ☐ Lecturer ☐ Assistant Professor
	   ☐ Associate Professor ☐ Professor
	   ☐ Others (please specify)..................................
	 Field of Expertise..
	 Address..
	 ....
	 Email: ....
	 Mobile No..

⭕ Chairman ⭕ Committee	⭕ Chairman ⭕ Committee

2. Name (Mr./Mrs./Ms./Title)....................................
 Surname..
 Current Qualification ☐ Master's ☐ Degree Ph.D.
 Academic Title
   ☐ Lecturer   ☐ Assistant Professor
   ☐ Associate Professor ☐ Professor
   ☐ Others (please specify)..................................
 Field of Expertise..
 Address..
 ....
 Email: ....
 Mobile No..
	2. Name (Mr./Mrs./Ms./Title)....................................
	 Surname..
	 Current Qualification ☐ Master's ☐ Degree Ph.D.
	 Academic Title
	   ☐ Lecturer ☐ Assistant Professor
	   ☐ Associate Professor ☐ Professor
	   ☐ Others (please specify)..................................
	 Field of Expertise..
	 Address..
	 ....
	 Email: ....
	 Mobile No..

กรรมการผู้ทรงคุณวุฒิภายนอกสถาบัน	กรรมการภายในสถาบัน

	⭘ Chairman ⭘ Committee
	
	1. Name (Mr./Mrs./Ms./Title)...
	
	 Surname...
	
	Current Qualification ☐ Master's ☐ Degree Ph.D.
	
	Academic Title
	
	  ☐ Lecturer ☐ Assistant Professor
	
	  ☐ Associate Professor ☐ Professor
	
	  ☐ Others (please specify).....................................
	
	Field of Expertise..
	
	Address...
	
	....
	
	Email: ....
	
	Mobile No...

* However, the appointment of the oral examination committee for the Qualifying Examination must consist of at least 3 and no more than 5 persons.

       Consequently I request hereby for your approval.

<div align="center">

Student's Signature...

(..)

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

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The main thesis/independent research advisor's comments

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<div align="center">

Signature...

(...)

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

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