



Thesis Advisor and/or/or Co-Thesis Advisor Appointment Form

GP_Proposal 1

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.....

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...../...../.....

The course chairman's comment

Approve

Other, please indicate.....

Signature.....

(.....)

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

Dean's comment

Approve

Other, please indicate.....

Signature.....

(Assoc. Prof. Dr. Arom Jedsadayanmata)

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