



Thesis Proposal Examination Date and Appointment of the Thesis Proposal Examination Committee Request 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

Thesis Title (Please write it clearly)

(Thai/ภาษาไทย).....

(English).....

Thesis Proposal Examination Committee

- 1. Lecturer/Asst. Prof./Assoc./Prof.....Chairman
Educational Qualification.....
Affiliation Institution.....
2. Lecturer/Asst. Prof./Assoc./Prof.....Ain Thesis Advisor
Educational Qualification.....
Affiliation Institution.....
3. Lecturer/Asst. Prof./Assoc./Prof.....Co-Thesis Advisor (if any)
Educational Qualification.....
Affiliation Institution.....
4. Lecturer/Asst. Prof./Assoc./Prof.....Committee
Educational Qualification.....
Affiliation Institution.....
5. Lecturer/Asst. Prof./Assoc./Prof.....Committee
Educational Qualification.....
Affiliation Institution.....

Thesis Proposal Examination Date Request

Round..... Date.....Month.....Year.....Time.....(AM/ PM)

Location of Examination.....

Note: Students must submit a copy of their thesis proposal to all examination committees at least 7 working days before the examination.

Signature.....
(.....)

Student

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

Signature.....
(.....)

Main Thesis Advisor

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

Dear Assistant Dean for Graduate Studies,
Please consider

Signature.....
(.....)

Curriculum Chairman

Date.....

Dear Dean,
Please approve the examination date and the appointment of the thesis proposal examination committee.

Signature.....
(Assoc. Prof. Dr. Rataphon Asasutjarit)
Assistant Dean for Graduate Studies

Date.....

Dean's Order

Approve

Other, please indicate.....

Signature.....
(Assoc. Prof.Dr. Arom Jedsadayamat
Dean of the Faculty of Pharmacy

Date.....