



Application for Appointment of Thesis Advisory Committee

The Graduate College, KMUTNB

Date

Subject : Request for appointment of thesis advisory committee

To : Dean

Name (Mr./Mrs./Miss)..... Last Name..... ID.NO. [] [] [] [] [] [] [] []

Candidate for : Master's Degree Plan..... Doctoral Degree Plan..... Regular Program Special Program

Major Field : Subject :

Study Center : Department : Faculty :

Address :

Phone No. Office : Mobile : E-mail Address :

Proposed Thesis Title :
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I wish to apply for approval of appointment of thesis advisory committee For renewal For additional For change

1. Advisor Signature.

2. Co-Advisor Signature.....

3. Co-Advisor Signature.....

Former Advisory Committee (In Case of Requesting Addition or Change)

1. Advisor Signature.

2. Co-Advisor Signature.....

3. Co-Advisor Signature.....

Student's Signature.....

(.....)

- Remarks 1. 1-3 advisors for doctoral degree student, 1-2 Advisors for master degree student.
- 2. Students must have a GPA not less a 3.00 and must register for not less than 3 credits of thesis.
- 3. Enclose resume for new or out of period advisor (GC.52).

Consent of Department Head

Thesis proposal and the title has been checked for its uniqueness.

For Approval

Other

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Signature.....

(.....)

Date.....

For the Graduate College Officer

To Dean of Graduate College

	Number of Advisees		Qualification
Advisor		<input type="radio"/> Qualified	<input type="radio"/> Not Qualified
Co-Advisor		<input type="radio"/> Qualified	<input type="radio"/> Not Qualified
Co-Advisor.....		<input type="radio"/> Qualified	<input type="radio"/> Not Qualified

For Approval

For Consideration

Signature.....

(.....)

Date.....

Consent of Dean of Graduate College

Approved

Other

.....

Signature.....

(.....)

Date.....