Doctor of Philosophy Program in Nursing Science (International Program)

Faculty of Nursing, Thammasat University

Request form of Final Dissertation Defense

To Dean, Faculty of Nursing

Candidate's Name: (Mr./Ms./Mrs.) ……..
Student's ID.: ……..
Dissertation Advisor: .....
Dissertation Title: .....
Contact Phone No.: ..... **Email:** .....
Request for Final Dissertation Defense:
Examination Date:……/……/……**Time**……..……..……
Place: .....

Student's Signature:.....
( )
Ph.D. Student
Date: ...../...../.....

Member of Committee:

Name/Position	**Email**	
……	……	Chairperson
……	……	Dissertation Advisor
……	……	Dissertation Co-Advisor
……	……	Member
……	……	Member

Dissertation Advisor's Signature:.....
( )
Date: ...../...../.....

To Dean	Approved
For approval since: ...../..... /.....	
…… (Associate Professor Dr.Yaowarat Matchim) Director, Ph.D. Program in Nursing Science Date: ...../...../.....	…… (Assistant Professor Dr. Pregamol Rutchanagul) Dean Date: ...../...../.....

Remark: Send a copy of the dissertation and request form to Ph.D. program office 2 weeks prior to the scheduled defense date.