GR-09

REQUEST FORM FOR THESIS ORAL EXAMINATION
Graduate School, Udon Thani Rajabhat University
แบบคำร้องขอสอบปากเปล่าเกี่ยวกับวิทยานิพนธ์

Attention: Dean of Graduate School
Subject: Request for Thesis Oral Examination

FIRST NAME: _____ FAMILY NAME: _____

SEMESTER / ACADEMIC YEAR: _____ / _____ STUDENT ID: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

PROGRAM: ☐ Master's Degree in _____

☐ PhD Degree in _____

Thesis Title: (in Thai)

_____

_____

_____

Thesis Title: (in English)

_____

_____

_____

I have completed the thesis as partial requirements for the above degree. I, therefore, propose the thesis oral examination as below:

Date: _____ / _____ / _____ Time: _____ Venue: _____

Student's Signature: _____ Date: _____/_____/_____

Comments (If any):

_____

_____

_____

_____

Signature: _____

(_____)

Major Advisor

Date: _____/_____/_____

Comments (If any):

_____

_____

_____

_____

Signature: _____

(_____)

Chair of the Program of Study

Date: _____/_____/_____

FYI: The student has already paid for the examination fee.

Signature: _____

(_____)

Financial Officer

Date: _____/_____/_____

Approved as proposed To be reconsidered

Comments (If any):

_____

_____

_____

Signature: _____

(_____)

Dean of Graduate School

Date: _____/_____/_____

GR-10

APPOINTMENT OF THESIS ORAL EXAMINATION REQUEST FORM
Graduate School, Udon Thani Rajabhat University
แบบเสนอแต่งตั้งคณะกรรมการสอบปากเปล่าเกี่ยวกับวิทยานิพนธ์

Attention: Dean of Graduate School

Subject: Request for Appointment of Thesis Oral Examination Committee

FIRST NAME: _____FAMILY NAME: _____

SEMESTER / ACADEMIC YEAR: _____ / _____ STUDENT ID: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

PROGRAM: ☐ Master's Degree in _____

☐ PhD Degree in _____

The thesis oral examination has been scheduled as below:

Date:_____/_____/_____Time : _____Venue: _____

Thesis Title: (in Thai)

_____

_____

_____

Thesis Title: (in English)

_____

_____

_____

In order to fulfill the mission, as the Chair of the Program, I would like to propose the thesis oral examination committee members as follows:

1. Chair of Thesis Oral Examination Committee

   First Name: _____ Family Name: _____
2. Major Thesis Advisor as a committee member

   First Name: _____ Family Name: _____
3. 1st Thesis Co-advisor as a committee member

   First Name: _____ Family Name: _____
4. 2nd Thesis Co-advisor as a committee member

   First Name: _____ Family Name: _____
5. A committee member

   First Name: _____ Family Name: _____
6. A committee member

   First Name: _____ Family Name: _____

For your consideration,

Signature: _____

(_____)

Chair of the Program of Study

Date: _____/_____/_____

Approved as proposed To be reconsidered

Comments (If any):

_____

_____

_____

Signature: _____

(_____)

Dean of Graduate School

Date: _____/_____/_____