Faculty of Nursing, Thammasat University
Khlong-Luang, Pathumthani 12121 Thailand
Tel. (662) 5644440-4 Ext. 7310
Fax: (662) 516 - 5381

GENERAL REQUEST FORM

Subject :……..

To : Dean, Faculty of Nursing

Student's Name (Mr./Miss/Mrs.)…….....……

☐ Doctoral Degree ☐ Plan 1(1) ☐ Plan 1(2) ☐ Plan 2(1) ☐ Plan 2(2)

○ Regular Program ○ Special Program ○ International Program

Student's ID No. : ….....……..…… Department: …..…Nursing Science (International Program)……..…

Major Field: ……..…… Minor Field: ……..……..…..……..…

Semester/Year of Admission: ….....……Contact Phone No.: ……. .E-mail: ….....

Dissertation topic:

……..……

Requesting for:.

…….

Because……

Student's Signature: ……...

Date: ……

Advice/Recommendation : (Major Advisor)	**Director/Recommendation :** (Director, Ph.D. Program in Nursing Science)	**Associate Dean/Recommendation :** (Associate Dean for Research and Graduate studies and International Affairs)
…… …… …… …… Signature: …..... ( ) Date: ……..….. ☐ Approved ☐ Disapproved	……..…… ……..….. ……..…… ……... Signature: ……..….. (Assoc. Prof. Dr.Yaowarat Matchim) Date: ……..…..… ☐ Approved ☐ Disapproved	…… …..…… ……...…… Signature: ……..…….……... (Asst. Prof. Dr. Natthapat Buaboon) Date: ……..…… ☐ Approved ☐ Disapproved

(FOR OFFICE USE ONLY)

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