Doctor of Philosophy Program in Nursing Science (International Program)
Faculty of Nursing, Thammasat University
Request form of Dissertation Proposal Examination

To Dean, Faculty of Nursing

Candidate's Name: (Mr./Ms./Mrs.) ……..
Student's ID.: …….. **Semester/Year of Admission**...../.....
Contact Phone No.: ..... **Email:** .....
Request for Final Dissertation Defense:
Title of Dissertation Proposal:……..
……..
Keywords:……..
Major Advisor: .....
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

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

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

Remark: Please submit a copy of your dissertation proposal, along with the completed request form, to the Ph.D. Program Office at least two weeks prior to the scheduled Dissertation Proposal Examination date.