

BANGKOK UNIVERSITY
GRADUATE SCHOOL
REQUEST FOR THESIS COMMITTEE

Name _____ Student ID :

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Program _____

Number of credits completed: _____ G.P.A. _____

Proposed Title of Thesis: _____

Proposed Committee Members

Acknowledgement

1. _____
(Advisor's Name)

(Advisor's Signature)

2. _____
(Co-Advisor's Name)

(Co-Advisor's Signature)

Student's Signature
_____/_____/_____

Contact Number : _____

E-mail : _____

For Graduate School

Approved (Student may start working on Chapters 1-3 with committee members.)

Not approved

Remarks: _____

Program Director
_____/_____/_____

- 1. This form has to be returned to the Graduate School within two weeks after registration.
- 2. After completing Chapters 1-3, student must submit 2 copies of draft for thesis proposal to the Graduate School and fill out FGS/TI 002, **one month** prior to the scheduled date of thesis proposal defense.

BANGKOK UNIVERSITY
GRADUATE SCHOOL
REQUEST FOR THESIS PROPOSAL DEFENSE

Name : _____ Student ID :

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Program _____

Title of Thesis : _____

“I certify that the student is ready for proposal defense.”

1. _____ (Advisor’s Name) _____ (Advisor’s Signature)

2. _____ (Co-Advisor’s Name) _____ (Co-Advisor’s Signature)

Proposed Date of Presentation :

Day:_____ Date: _____ Month: _____ Year: _____ Time: _____

Proposed Date of Presentation (Second Choice) :

Day:_____ Date: _____ Month: _____ Year: _____ Time: _____

Student’s Signature

____/____/____

Contact Number : _____

E-mail : _____

For Graduate School

Approved Date of Presentation: Day:_____ Date:_____ Month:_____ Year: _____

Time: _____ Venue: _____

CHE Representative: _____

Grad Representative: _____

Dean of the Graduate School

____/____/____

Remarks:

Student must submit 2 copies of draft for Chapters 1-3 to the Graduate School **one month prior to the scheduled date of thesis proposal defense.**

BANGKOK UNIVERSITY
GRADUATE SCHOOL
REQUEST FOR THESIS FINAL DEFENSE

Name : _____ Student ID :

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Program _____

Title of Thesis : _____

“I certify that the student is ready for final defense.”

1. _____
(Advisor’s Name) (Advisor’s Signature)

2. _____
(Co-Advisor’s Name) (Co-Advisor’s Signature)

Proposed Date of Presentation :

Day:_____ Date: _____ Month: _____ Year: _____ Time: _____

Proposed Date of Presentation (Second Choice) :

Day:_____ Date: _____ Month: _____ Year: _____ Time: _____

Student’s Signature

_____/_____/_____

Contact Number : _____

E-mail : _____

For Graduate School

Approved Date of Presentation: Day:_____ Date:_____ Month:_____ Year: _____

Time: _____ Venue: _____

CHE Representative: _____

Grad Representative: _____

Dean of the Graduate School

_____/_____/_____

Remarks:

Student must submit 2 copies of draft for the whole thesis to the Graduate School **one month prior to
The scheduled date of thesis final defense.**