

BANGKOK UNIVERSITY
GRADUATE SCHOOL
REQUEST FOR THESIS FINAL DEFENSE

Name : _____ Student ID :

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Program of Study : _____

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: _____

External 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.**