

At MHESI ........................................../.....................

Date ………………………………………………

For students with ID no. issued before 2017

**Request Form for an Appointment of Advisory Committee of**

**Thesis/Minor Thesis/Project/ Independent Study**

Dear Chairman of the Graduate Studies Committee of Program……………………………….............

I, ………………................................………………….……student ID no.……...…..……….…. majoring in……………………………………………………………………………………………..…..   
level of study 🞎 Master’s Degree, Plan……….……  🞎 Doctoral Degree Type ………………………

🞎 Thesis 🞎 Minor Thesis 🞎 Project 🞎 Independent Study Code (E.G : HSR61-930)……………..……

Total.........................credits/course units

Thesis /Minor Thesis/Project/ Independent Study written in  🞎 Thai 🞎 English

Title of Thesis /Minor Thesis/Project/ Independent Study (proper handwriting)

in Thai ………………………………………………………………………………………………….…

in English ………………………………………………………………………………………….………

|  |  |  |  |
| --- | --- | --- | --- |
| **➊ Student**  The following lecturers to be appointed to my Committee for Thesis/  Minor Thesis/Project/ Independent Study: | | | |
| **Name-Surname**  **(with academic title)** | **Qualifications** | | **➋ For Officer/**  **Program Secretary** |
| **1. Major Advisor   (Chairman)**  ………………………..  ……………………….. | 🞎 a permanent lecturer within School of ...............................  🞎 holding a doctoral degree or equivalent OR 🞎 holding  Associate Professor rank or above  🞎 well research experienced and not a part of degree completion  (see CV attachment) | | 🞎 Approved  🞎 Disapproved  Reason ................  .............................  ............................. |
| **2. Co-advisor   (Committee member)**  ……………………….  ……………………... | 🞎 a permanent lecturer within School of ...........................OR 🞎 an external expert (from outside the university)   workplace..........................................................................  🞎 holding a doctoral degree or equivalent OR 🞎 holding  Associate Professor rank or above  🞎 well research experienced and not a part of degree completion  (see CV attachment) | | 🞎 Approved  🞎 Disapproved  Reason ................  ...............................  ...............................  ……………...….. |
| **3. Co-advisor   (Committee member)**  ……………………….  ……………………... | 🞎 a permanent lecturer within WU School of …..................OR 🞎 an external expert (from outside the university)   workplace.........................................................................  🞎 holding a doctoral degree or equivalent OR 🞎 holding  Associate Professor rank or above  🞎 well research experienced and not a part of degree completion  (see CV attachment) | | 🞎 Approved  🞎 Disapproved  Reason..............  .........................  .........................  ......................... |
|  | Sign………………………….…………………. Student  Date…………………………………....……….. | | **Verifying officer**  .............................  ......../........./......... |
| **➌ Decision of Graduate Program Committee** | | **➍ College of Graduate Studies** | |
| 🞎 Approved 🞎 Disapproved  Sign…………………………………………  (…………………………….…..………)  **Chairman of Graduate Program Committee**  Date………….……….…………… | | 🞎 Form receiver ............… 🞎 Recorder.................  Date ............................ Date ...................... | |

**Curriculum Vitae**

**Personal Information:**

**Name-Surname :** ……………………………………………………………………………………

**Current Position :** ……………………………………………………………………………………

**Workplace :** ……………………………………………………………………………………

……………………………………………………………………………………

**Tel :** ........................................................ **Fax :** ....................................................

**Email :** ………………………………. **Website:** ………………………………

**Educational Background :**

Year …………………. Level of study…………………………………………………………. Degree obtained …………………………………………. Institution ……………………………..…..……….

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**Field of Specialization**

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

**Research works**  (publications published within the past five years and not a part of degree completion)

Please write in the bibliography format, specify author, title, year of publication and name of

academic journal

…………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………

**Other academic works**

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**Guidelines for Thesis Advisory Committee Appointment**

1. The Request Form for Thesis Advisory Committee Appointment can be obtained at

<https://grad.wu.ac.th>

1. Student fills out and signs the form, then submits it to a Graduate Studies Program Officer

at his/her School office.

1. The officer/program secretary verifies the completed form before sending for approval to

Graduate Studies Program Committee.

1. The officer submits the approved form to the CGS
2. A CGS officer rechecks the form before recording the data into CES system.

Fills out and signs the form, submits to a Graduate Studies Program Officer

Student

Obtains the Request Form for Thesis Advisory Committee Appointment at https://grad.wu.ac.th

Student

St8

Verifies the form before submitting for approval to Graduate Program Committee

Program Officer

Consider

Returns to

the student

Disapproved

Approved

Submits the approved form to CGS

Program Officer

Rechecks and records the data into CES system

CGS Officer