



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

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

Year Level of study Degree
obtained Institution

Year Level of study Degree
obtained Institution

Year Level of study Degree
obtained Institution

Field of Specialization

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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

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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>
2. Student fills out and signs the form, then submits it to a Graduate Studies Program Officer at his/her School office.
3. The officer/program secretary verifies the completed form before sending for approval to Graduate Studies Program Committee.
4. The officer submits the approved form to the CGS
5. A CGS officer rechecks the form before recording the data into CES system.

