

For students with ID no. issued before 2017

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

Date ………………………………………………

**Request Form for Thesis Defense Examination and Appointment of Thesis Defense**

**Examination Committee**

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

I, ………………........................student ID no.……… …… majoring in……………….…………  
level of study  Master’s Degree, Plan………… Doctoral Degree Type ………………….……,have passed English Proficiency Test in the semester………./[year]……… ….and have done a total of …………………………required credits/course units with GPAX of ….…, the course requirement for degree completion is …..…..credits/course units and I have completed………………credits/course units of the thesis course. My research title has been approved in the semester….…/[year]……..…on [date]…….………… and I wrote my thesis in  Thai  English Title of Thesis /Minor Thesis/Project/ Independent Study (proper handwriting)

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

in English …………………………………………………………………………………………………………………

**🞏** Copy (ies) of thesis books attached for the examination ……………….. copies

Sign……………….…………….…….Student

Date……………………………………

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| ❶ Thesis Advisor: The following lecturers be appointed to my Advisee’s Thesis Defense Examination Committee: |

| **Name-Surname**  **(with academic title)** | **Qualifications** | **➋ For Officer /Program Secretary** |
| --- | --- | --- |
| |  | | --- | | **1. Chairman**  ……………………………………………………. | | 🞎 a permanent lecturer within School of .....................................................................................................................  🞎 not a Thesis Advisory Committee Member  🞎 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 attachment) | 🞎 Approved  🞎 Disapproved  Reason............  ........................  ........................ |
| **2. Committee member**  ……………………………………………………….…… | 🞎 a permanent lecturer within School of .......................................................................................................................  🞎 a Thesis Advisory Committee Member  🞎 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 attachment) | 🞎 Approved  🞎 Disapproved  Reason............  ........................  ........................ |
| **3. Committee member**  ……………………………………………………………… | 🞎 a permanent lecturer within School of .....................................................................................................................  🞎 a Thesis Advisory Committee Member  🞎 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 attachment) | 🞎 Approved  🞎 Disapproved  Reason............  ........................  ........................ |
|  |  |  |
| **4. Committee member**  ……………………………………………… | 🞎 a permanent lecturer within School of .......................................................................................................................  🞎 not a Thesis Advisory Committee Member  🞎 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 attachment) | 🞎 Approved  🞎 Disapproved  Reason............  ........................  ........................ |
| **5. Committee member**  ……………………………………………………………… | 🞎 a permanent lecturer within School of .......................................................................................................................  🞎 not a Thesis Advisory Committee Member  🞎 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 attachment) | 🞎 Approved  🞎 Disapproved  Reason............  ........................  ........................ |
| The Committee for Thesis Defense Examination must consist of a maximum of 5 committee members, at least 1 external expert for Master’s defense and 2 external experts for Doctoral defense (CV of the external experts are attached herewith)  🔿 For Master’s Defense, appointed………... external expert(s) as Thesis Defense Exam   Committee and attached …………copy (ies) of CV  🔿 For Doctoral Defense, appointed……..….. external expert(s) as Thesis Defense Exam   Committee and attached ……..…copy (ies) of CV  The Thesis Defense Examination is scheduled on [Date]………………..[Time]…………..……[Venue/Room]……………..………………  Sign………….…………….…………………….Advisor  (…………………………………………………………)  Date…………………………………....………...…..…..…... | | Verifying officer  ........................  ......../......../...... |

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| --- |
| **➌ Decision of Graduate Studies Program Committee** |
| 🞎 Approved  🞎 Disapproved 🞎 Other comments…………………………………………………………………………..  Sign………………………………………………  (………………………………..………………)  **Chairman of Graduate Program Committee**  Date………….……….………………… |
| **➍ College of Graduate Studies** |
| 🞎 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……..……….

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

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**Other academic works**

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**A Guideline for Thesis Defense Examination and Appointment of Thesis Defense Examination Committee**

1. The Request Form for Thesis Defense Examination and Appointment of Thesis Defense Examination Committee can be obtained at <https://grad.wu.ac.th>.
2. Student fills out, signs the form, and attaches 1 copy of Thesis Book (approved by Advisory Committee) then submits it to Thesis Advisor(s) for consideration.
3. Thesis Advisor (s) fills out and signs the form to nominate qualified persons to be appointed as Thesis Defense Examination Committee and return the form to the student.
4. Student proceeds the form as specified in item 3 then submits them to Graduate Studies Program Officer.
5. Graduate Studies Program Officer/Program Secretary verifies the information given in the form and sends to Graduate Studies Program Committee for an appointment of the exam committee.
6. The officer submits the approved form together with a meeting agenda and a copy of WU Announcement of the committee appointment to be informed at Walailak University Graduate Studies Committee meeting.
7. A CGS officer rechecks the form before recording the data into CES system.

Student

St8

Fill out and sign the form to nominate qualified persons to be appointed as Thesis Defense Examination Committee and return the form to the student

Thesis Advisor

Fill out, sign the form, and attache 1 copy of Thesis Book (approved by Advisory Committee) then submits it to Thesis Advisor(s)

Student

St8

Download the Request Form for Thesis Defense Examination and Appointment of Thesis Defense Examination Committee can be obtained at https://grad.wu.ac.th

Recheck and record the data into CES system

CGS Officer

Approved

Program Officer

**Consider**

Returns to the student

Program Officer

Disapproved

Student

Proceed the form as specified in item 3 then submit them to Graduate Studies Program Officer

Verify the information given in the form and send to Graduate Program Committee for an appointment of the exam committee

Program Officer/Program Secretary

Submit the approved form together with a meeting agenda and a copy of WU Announcement of the committee appointment to be informed at Walailak University Graduate Studies Committee meeting