



## 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.....

① Thesis Advisor: The following lecturers be appointed to my Advisee's Thesis Defense Examination Committee:

Name-Surname (with academic title)	Qualifications	② For Officer /Program Secretary
<b>1. Chairman</b>  ..... .....	<input type="checkbox"/> a permanent lecturer within School of ..... <input type="checkbox"/> not a Thesis Advisory Committee Member <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 attachment)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason..... ..... .....
<b>2. Committee member</b>  ..... .....	<input type="checkbox"/> a permanent lecturer within School of ..... <input type="checkbox"/> a Thesis Advisory Committee Member <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 attachment)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason..... ..... .....
<b>3. Committee member</b>  ..... .....	<input type="checkbox"/> a permanent lecturer within School of ..... <input type="checkbox"/> a Thesis Advisory Committee Member <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 attachment)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason..... ..... .....



**Curriculum Vitae**

**Personal Information:**

**Name-Surname:** .....

**Current Position:** .....

**Workplace:** .....  
.....  
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**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.

