Request Form for Thesis Defense Examination

Graduate School

Valaya Alongkorn Rajabhat University under the Royal Patronage Pathum Thani

(Mr. / Mrs. / Miss.)	Student ID		
Student O Master's degree O Doctoral degree	Field	Field of study	
Semester entered Academic Year			
E-mail			
I would like to request Thesis defense examination	tion, total	credits	
Title in English			
Date that passed Thesis proposal examination			
	Sig	gnature	
		Student	
		()	
		Date MonthYear	
Opinions of Thesis advisor committee			
${\sf O}$ Agree to the defense examination A	dvisor	Signature	
C	Co-advisor	Signature	
C	Co-advisor	Signature	
For Program Committee Only		Signature	
Propose the appointment of Thesis examination committee as		()	
follows:		Chairperson of Program	
Exam DateYearYear Time		Date MonthYear	
		Signature	
1Chairman (External-Commi	ttee)	()	
2 Committee		Deputy Dean of Graduate School	
3 Committee		Date MonthYear	
4 Committee			
5 External-Committe	e	Signature	
6 Committee and		()	
Secretary		Dean of Graduate School	
		Date MonthYear	

Note: Students submit thesis / independent study examination paper at Graduate School, 7 copies for Doctoral degree and 6 copies for Master degree, 14 working days before the examination.

Steps for Issuing VRU.G 8

Request form for Thesis/ Independent Study Defense Examination

Conditions for use: When students have finished Thesis/ Independent Study and the Thesis/ Independent Study advisory committee approved.

