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| **Part 1 Student** |
| Full Name (Mr./Mrs./Miss.) ............................................................................ STUDENT ID..........................................  Student Level 🗆 Master’s degree course ……………........................................... 🗆 plan 1.1 🗆 Plan 1.2 🗆 plan 2  🗆 Doctoral degree course ………………….............................................. 🗆 plan 1.1 🗆 plan 1.2  🗆 plan 2.1 🗆 plan 2.2  School…………………………................................................... Major.................................................................................  MOBILE PHONE.................................................. EMAIL ADDRESS............................................................................  Thesis Advisor's opinion……………..................................................................................................................................  ...............................................................................................................................................................................................    ①Signature................................................ ② Signature......................................  (................................................) (................................................)  Student Thesis Advisor  Date : .................................................. Date : ............................................ |
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**Part 2 Comment/** **Signature**

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| **Chairperson of the Program signature and gave his comment.** ................................................................................................................................................................................................  ...............................................................................................................................................................................................  Signature.........................................................  (…………………….………………………..)  Date : ........................................................ |

**Part 3 Board of Academic department**

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| Head of department/assigned person ...............................................................................................................................................................................................  …..…………………………………………..…………………………………………………………………………………………….……….………………....  Signature...........................................................  (..........................……………….…..….)  Date : .............................. |