**Part 1 Student**

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| Full Name (Mr./Mrs./Miss.) ............................................................................ STUDENT ID..........................................Student at level 🗆 Master's degree Program …………………………………………………. 🗆 plan 1.1 🗆 plan 1.2 🗆 plan 2 🗆 Doctoral Degree Program ………………….................................... 🗆 plan 1.1 🗆 plan 1.2  🗆 plan 2.1 🗆 plan 2.2 School .............................................................................. Program ............................................................................ Phone...................................................................... Email........................................................................................... offer a teacher................................................................................................. as the main thesis advisor   ①Signed.................................................. ②Signed.................................................  (................................................) (................................................)   Student Thesis Advisor (New) Date : ............................................ Date : ............................................   |

**Part 2 Academic Section**

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| **Full name Principal Advisor** ………….........………………….………………… Academic position ……………..………...........Master's degree ……………………………………….…….................. field of study …………………..………………...…………......Doctoral degree ………………………..………….…….................... field of study ...…………..………………....…..………...…..Major..................................................................................Faculty.........................................................................🗆 Currently is a thesis advisor. Number of……..person (Signed................................................. Officials)\*\*\*Note: Staff of the Academic Division check and fill out completely Date : ............................................   |
| **The course chairman signed his opinion.**............................................................................................................................................................................................................................................................................................................................................................................................... Signed.................................................... (.....................................................) Date : ............................................   |

**Part 3 Academic Committee**

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| Head of Academic Section/Authorized Person……………………..…………..........................................................................................................................…….………………................................................................................................................................................................................................. Signed...........................................................  (..........................……………….…..….) Date : ............................................  |

**\*\*\*Note:**1. Lecturers certified as advisors in science The thesis must be approved to be appointed as a full-time graduate teacher in accordance with the Institute's regulations. on graduate studies, B.E. 2559

2 . Graduate students at all levels must request to appoint an advisor for the main thesis within 1 year, semester 1.