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

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

**Part 3 Board of Academic department**

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