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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 2.2  Faculty.................................................. 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 : .................................................... |