	Doctoral's degree King Mongkut's Institute of Technology Ladkrabang	Document No.	SFM-64-OAQ-GS-009
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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.....

(.....)

Student

Date : .....

②Signature.....

(.....)

Thesis Advisor

Date : .....

Part 2 Comment/ Signature

<u>Chairperson of the Program signature and gave comment.</u>

.....

.....

Signature.....

(.....)

Date : .....

Part 3 Board of Academic department

Head of department/assigned person

.....

.....

Signature.....

(.....)

Date : .....