**Part 1 Students**

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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 Faculty................................................................................. Major................................................................................... Phone................................................. Email................................................................................................................... offer a teacher................................................................................................. as a joint thesis advisor①Signed.............................................. ②Signed................................................ ③Signed............................................... (................................................) (................................................) (................................................)  Student Thesis Advisor (main) Thesis Advisor(Joint) Date : ............................................ Date : .......................................... Date : ............................................  |
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**Part 2 Academic Section**

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| **Full name Joint 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\*\* : Instructors certified as thesis advisors must be approved to be appointed as full-time graduate lecturers in accordance with the Institute's regulations governing graduate studies, B.E. 2559.**

 **: Students can request to appoint the Principal and Joint Counselors at the same time, or can request toappoint a Co-Advisor at a later date.**