

No.

Date.

Time.



OFFICE OF THE POSTGRADUATE STUDIES, MAE FAH LUANG UNIVERSITY

Educational Level Changes Request Form

PART 1: For Student

1.1 Personal details

Name _____ Student ID _____

Study program Doctor of Philosophy Program in Biotechnology Major Biotechnology Plan 1.1

School of Science _____ E-mail: _____ Phone 0-1724-5632

Study level Ph.D. Degree Master's Degree

1.2 Request details

Change from a Ph.D. degree programme to a related master's degree programme

Qualifications checklist

Dissertation defense Pass Not pass (The student must defense the thesis agian after having been allowed to change to the master's degree level.)

The remainder of the Ph.D. programme's maximum duration shall not exceed the maximum study duration specified by the master's degree programme.)

Signed _____
(_____)

Date ____/____/____

PART 2: For School

Advisor
Comments

Signed _____
(_____ Mr.test system)

Date ____/____/____

Program Committee
(Old Program)
Comments

Signed _____
(_____)

Date ____/____/____

Program Committee
(New Program)
Comments

Signed _____
(_____)

Date ____/____/____

PART 2: For School		
Dean <input type="checkbox"/> Approve Comments _____ _____	Signed _____ (_____)	Date ____/____/____
PART 3: For Office of the Postgraduate Studies		
Officer <input type="checkbox"/> Pass <input type="checkbox"/> Fail _____ _____	Signed _____ (_____)	Date ____/____/____
<input type="checkbox"/> Acknowledge and propose into Postgraduate Committee to consider <input type="checkbox"/> Other _____		
Head	Signed _____ (_____)	Date ____/____/____