

FOR SCHOOL

No.

Date.

Time.

DGC 06



OFFICE OF THE POSTGRADUATE STUDIES, MAE FAH LUANG UNIVERSITY

A Request Form for Advisor Appointment of Dissertation/Thesis /Independent Study

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

Main advisor _____

Co-advisor 1. Mr.Chairman Committee (External)

2. _____

Signed _____

(_____)

Date

____/____/____

Part 2 :For School

2.1 Program committee

The committee meeting on (Date) _____

The committee has already verified that the above advisors are qualified according to Mae Fah Luang University's regulation and approve the advisors listed above.

Chairman of
Program committee

Signed _____

(_____)

Date

____/____/____

2.2 School Postgraduate Committee

The committee meeting on (date) _____ has approved the above appointment.

Appointment advisor, co-advisor(if any).

Dean

Signed _____

(_____)

Date

____/____/____