

No.

Date.

Time.



OFFICE OF THE POSTGRADUATE STUDIES, MAE FAH LUANG UNIVERSITY

Dissertation/Thesis/Independent Study Proposal Examination Request Form

Semester

First

Second

Academic

Year 2017

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

Examination No. First Second More than second

Proposal for Dissertation Thesis Independent study

Title (Thai) XXXXXXXXXXXXXXXXXXXXXXXXXXXX

(English) XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Qualifications checklist for the proposal examination

Satisfaction of the Qualifying examination (Only Ph.D. program)

I certify that information provided here is true and I have read and understand the Mae Fah Luang University's regulations,
I shall bear all legal consequences of the unauthentic information I provided.

Signed _____

(_____)

Date ____/____/____

PART 2: For Advisory Committee

Proposal defense committee

- 1. _____ Chairman (External Internal)
- 2. _____ Committee (External Internal)
- 3. _____ Committee (External Internal)
- 4. _____ Committee (External Internal)
- 5. _____ Committee (External Internal)

Exam date _____ Time _____ Place _____

The proposal defense committee are qualified according to the Mae Fah Luang University's regulation, and approve the proposal defense committee.

Advisor		Date
Co-advisor		Date
Co-advisor		Date

PART 3: For School

Program Committee	Signed _____ (_____)	Date ____/____/____
School Postgraduate Committee	Signed _____ (_____)	Date ____/____/____
Dean	Signed _____ (_____)	Date ____/____/____

PART 4: For Head of Office of the Postgraduate Studies

<input type="checkbox"/> Acknowledge, to proceed as requested.	Signed _____ (_____)	Date ____/____/____
--	---------------------------	---------------------