

No.

Date.

Time.



OFFICE OF THE POSTGRADUATE STUDIES, MAE FAH LUANG UNIVERSITY

Dissertation/Thesis/Independent Study Defense 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
 Defense exam for Dissertation Thesis Independent Study

Title (Thai) XXXXXXXXXXXXXXXXXXXXXXXXXXXX

(English) XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Qualification checklists for the defense examination

- Completion of the course curriculum with a GPAX of _____ (GPAX must be ≥ 3.00)
 [Only for master degree type A2 and B, and doctoral degree type2]
- Proposal has been approved for ≥ 45 days (for Independent Study) or ≥ 90 days (for Dissertation or Thesis)
- Satisfaction of the MFU's English Proficiency requirement
- Satisfaction of the comprehensive exam on Semester _____ 0 _____ Year 0 (Plan B only)
- Plagiarism Check Report

Number	Content	%Similarity Index
1	Chapter 1	10%
2	Chapter 2	10%
3	Chapter 3	0%
4	Chapter 4	0%
5	Chapter 5	0%
6	Chapter 6	
7	Others _____	

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

Exam committee

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

Exam date _____ Time _____ Place _____

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

The defense examination is

- Openly (a third party may observe the examination)
- Confidential (without observation of a third party)

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

Acknowledge, to proceed as requested.

Signed _____

(_____)

Date ____/____/____