

No.

Date.

Time.



OFFICE OF THE POSTGRADUATE STUDIES, MAE FAH LUANG UNIVERSITY

Requested Form for Study Period Extension

Semester

First

Second

Academic

Year 2017

PART 1: For Student

1.1 Personal details

Date _____

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

Semester enrolled First Second Academic Year 2004

Study Period Extension record First time Second Time

Dissertation/Thesis/Independent Study

Title (Thai) XXXXXXXXXXXXXXXXXXXXXXXXXXXX

(English) XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Passed the Defense Exam on (date) _____

1.2 Please provide reasons for the extension along with necessary proofs

1.3 Action plan for the extended period

No	Activity	Month						

Signed _____
 (_____)

Date ____/____/____

PART 2: Advisor

Action On Dissertation/Thesis/Independent Study

1. Published works

2. Research Study's performance

3. Other comments

Signed _____ **Advisor**
 (_____ Mr.test system)

Date ____/____/____

PART 3: School		
1. Program committee (date meeting) ____/____/____ _____ _____ _____	Signed _____ (_____) <p style="text-align: center;">Chairman</p>	Date ____/____/____
1. School postgraduate committee (date meeting) ____/____/____ _____ _____ _____	Signed _____ (_____) <p style="text-align: center;">Dean</p>	Date ____/____/____
PART 4: Office of the Postgraduate Studies		
Comment _____ _____ _____ _____	Signed _____ (_____) <p style="text-align: center;">Academic Affairs Officer</p>	Date ____/____/____
Comment _____ _____ _____ _____	Signed _____ (_____) <p style="text-align: center;">Head</p>	Date ____/____/____