

Graduate School, Srinakharinwirot University

Request Form for Appointment of Thesis Oral Defense Examination Committee

To: Dean of Graduate School

The board members of the MS/ MA / Ph.D. in..... Field.....
 Faculty of..... would like to request for appointment of the following committee members
 for the thesis oral defense examination of Mr./ Mrs./ Miss/ Ms.....Student ID Number.....
 Graduate Candidate in () Ph.D. programs () Dual Masters–Ph.D. programs () Masters programs
 in.....of the Faculty of.....
 E-mailTel

1. Title of Thesis approved by the Graduate School

2. Name(s) of thesis advisor(s)

..... Principal advisor
 Co-advisor (if applicable)

3. Date of successful proposal defense examination of the graduate candidate: Date.....Month.....Year.....

4. The graduate candidate as name mentioned above requests to appoint thesis oral defense examination committee according to the approval of the Program’s administrative committee. The approval is based on the followings.

4.1 Thesis

- The thesis oral defense examination committee involves 5 members: 1 chair, 1 principal advisor, 1 co-advisor (if applicable), 1 or 2 committee members from the Program’s administrative board who was/were also familiar with the graduate candidate’s proposal, and 1 external examiner. The list of the committee needs to be proposed by the Program’s administrative board with the Dean of the Faculty’s approval, and submit to the Dean of the Graduate School for such an appointment.
- The principal advisor must not be the chair of this examination. If it is necessary to appoint extra committee members, the principal advisor proposes the list of extra committee members to the Program’s administrative board and submits it to the Dean of the Graduate School for such an appointment. In the case that some of the exam committee members are not available on the examination day, the graduate candidate notifies the Program’s administrative board and submits the oral defense exam request to the Dean of the Graduate School for such an appointment.

4.2 The Program’s administrative board approves and appoints

Name..... Educational background

as extra committee members in the thesis oral defense examination. The committee members listed above are also the members of the Program’s administrative board who were familiar with the graduate candidate’s proposal.

Name..... Educational background

as a committee member in the thesis oral defense examination. The committee member listed above is considered an external examiner and has agreed as such to the Program’s administrative board. In the case that the external examiner has not been approved and listed as approved external examiners by the Graduate School, please submit the external examiner’s CV for qualification check.

First name-Last name (with academic ranking)	Position
.....	Chair (external examiner)
.....	Committee member (principal advisor)
.....	Committee member (co-advisor/if applicable)
.....	Committee member (member of the Program's administrative board)

would like to request for a letter of invitation to the external examiner

no need for a letter of invitation to the external examiner

5. Date of the thesis oral defense examination of the graduate candidate: Date.....Month.....Year.....
 Time Venue.....

(Please calculate the date in 5 after the request form for appointment of thesis oral defense examination committee is submitted to the Graduate School at least 15 days. For instance, if the form is submitted on the 15 of August, the date of the exam should be after the 31 of August.)

Signature..... Graduate Candidate

Signature..... Principal Advisor

Signature..... Co-advisor (If applicable)

Signature..... Co-advisor (If applicable)

Date.....Month.....Year.....

Approval of the Program's Administrative Board

The Program's administrative board has checked the qualifications of all committee members in the thesis oral defense examination that they are aligned with the announcement of the Graduate School, Thesis Committee.

SignatureChair, the Program's Administrative Board
 (.....)

SignatureDean / Director of the Institute
 (.....)

Date.....Month.....Year.....

(For Graduate School representative only)

The Dean of the Graduate School's Decision

() Approved () Other comments

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Dean of the Graduate School

Date.....Month.....Year.....