## Request for Change of Thesis Examination Committee

**GS 3/1 (NR)**

1. Student’s name (Mr./Mrs./Miss)....................................................................................................Student ID …………………….…………………….......
2. Program…………………………………………………………………………..………………… Faculty…………………………..…….……………………………………..……………..

❒ Doctoral Degree 🔿 Plan 1.1 🔿 Plan 1.2 🔿 Plan 2.1 🔿 Plan 2.2

❒ Master’s Degree 🔿 Plan A 1 🔿 Plan A 2

1. Thesis title……..…………………………………………………………………………………………………….……………………………………………………………..…………………
2. Appointed Thesis Examination Committee (Please specify academic title ahead the names)

**Previously appointed** Field of Specialization/Organization

1.…………………………………………………………………. Chairperson ……………………………………………………………………….

(Please specify: being faculty staff or being external examiner)

2…………………………………………………….……………. Advisor ………………………………………………………………………….

3………………………………………………………….………. Co-advisor (if any) ………………………………………………………………………….

4………………………………………………………………..…..Faculty staff in the program………………….…….…………….………………………………..

5………………………………………………………………..…..Faculty staff in the program………………….……………….…..……………………….………

6………………………………………………..…………………..External examiner ……………………..……..……………………….…………………

7……………………………………………………..……………..Full-time Instructor (if any) ……………………………………………………………………..…

1. **Proposed** Thesis Examination Committee (Please specify academic title ahead the names)

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| --- | --- | --- |
| 1. List of thesis examiners | Number of published works in journals (within last 5 past years\*) of  faculty members from year ………. to year ……….. or  Number of published works in journal of external examiner  (no time limit) | Number of other academic work/ proceedings/ book/ textbook (within last 5 past years\*) |
| (1) ………………………………….........................……..... Chairperson  Field of Specialization/Organization................................... | Faculty staff in the program (National ........./International.............)  Or external examiner (National ........./International.............) | ………………………………........... |
| (2) ………………………………….......................................…… Advisor  Field of Specialization…........................................................... | Faculty staff in the program (National ........./International.............) | ………………………………........... |
| (3) ………………………………………….…….....…..… Co-advisor (if any)  Field of Specialization/Organization…................................... | Faculty staff in the program (National ........./International.............)  /Full-time instructor/External examiner (National……../International……..) | ………………………………........... |
| (4) ……………………………………….… Faculty staff in the program  Field of Specialization…........................................................... | Faculty staff in the program (National ........./International.............) | ………………………………........... |
| (5) ………………………………….......… Faculty staff in the program  Field of Specialization…........................................................... | Faculty staff in the program (National ........./International.............) | ………………………………........... |
| (6) ………………………………….........…… External examiner (if any)  Organization…................................... | External examiner (National ........./International.............) | ………………………………........... |
| (7) ………………………………………….. Full-time Instructor (if any)  Field of Specialization…........................................................... | Full-time Instructor (National ........./International.............) | ………………………………........... |

**Please refer to the Request for Appointment of Thesis Examination Committee (GS 3).**

1. Resolution of the Committee of Faculty of …………………….……………………………………..…….…….….on date ……………………………………….....

❒ Approve ❒ Not approve due to ………………………………………………………..………………..……………………………………………………..

Signature…………………………………………………………………………

(Dr. Pornpimon Chuaduangpui)

Associate Dean for Academic Affairs and Educational Administration

Authority of Faculty

Date ………………../……………………………./…………….

Updated on Dec 14, 2021