## 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) ………………………………….........................……..... ChairpersonField of Specialization/Organization...................................  | Faculty staff in the program (National ........./International.............)Or external examiner (National ........./International.............) | ………………………………........... |
| (2) ………………………………….......................................…… AdvisorField 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 programField of Specialization…...........................................................  | Faculty staff in the program (National ........./International.............) | ………………………………........... |
| (5) ………………………………….......… Faculty staff in the programField 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