

**School of Food-Industry**

**King Mongkut's Institute of Technology Ladkrabang**

**Request Form for Schedule the Thesis Examination**

Date...…....…/…………/.……………….

Subject Request to Schedule the Thesis Defense Examination

Dear Dean of School of Food-Industry

Name (Mr./Ms./Miss/etc.)............................................................Surname…………………………………………….

Student ID .............................................. I have been an ordinary student since Semester...........................

Academic year........................ Curriculum...................................................Subject field ....................................

Address..........................................................................................................................................................................

Tel ........................................................................... E-mail..........................................................................................

Work Place.................................................................................... Work phone........................................................

Thesis advisor’s name................................................................................................................................................

Thesis co-Advisor’s name ........................................................................................................................................

I would like to request for a thesis examination, Title of thesis (Thai Name) ..................................................................................................................................................................................................................................................................................................................................................................................

**Examination on Date............Month.......................Year.............Time....................... Room.....................**

**Submit evidence for consideration following regulations as follows (Please mark ✓ in** ⬜**)**

⬜ 1. 1 set of abstract of thesis both Thai and English language.

⬜ 2. 1 set of a table of contents.

⬜ 3. 1 set of Transcripts from the first semester to the present. (Office of the Registrar)

⬜ 4. 1 set of a photocopy of the acceptance letter for publication / 1 set of a photocopy of the presentation at the academic conference (full story).

⬜ 5. 1 set of certificates of thesis topic. (The Office of Academic Affairs and Graduate)

⬜ 6. 1 set of request form to check the equipment that is not return in the laboratory.

⬜ 7. Academic plagiarism form.

⬜ 8. Results of the comprehensive examination Date....................Month.....................................Year................ (The Office of Academic Affairs and Graduate)

⬜ 9. Results of the qualifying examination (Doctorate) Date.................. Month ....................... Year……………….(The Office of Academic Affairs and Graduate)

I have already submitted the complete thesis to the examination committee.

Sign.................................................(Student)

(.....................................................................)

-1-

**A certificate from the Thesis Advisor**

Date ..................... /.................../..................

Subject Request to Schedule the Thesis Examination  
Dear Dean of School of Food-Industry

I am....................................................................................................................................... a thesis advisor of (Mr./Mrs./Miss.) .................................................................................... I certify that I already verified this thesis and the thesis was at the standard level. I also deemed that the student could be pass to the last interview examination to request for the graduation.

Please kindly consider the request.

Sign ..............................................(Thesis Advisor)   
(.....................................................................)

Faculty ................................................... Tel. ......................................

**A certificate from the Thesis Co-Advisor**

Date ................... /………………./……..………

Subject Request to Schedule the Thesis Examination  
Dear Dean of School of Food-Industry I am....................................................................................................................................... a thesis advisor of (Mr./Mrs./Miss.) .................................................................................... I certify that I already verified this thesis and the thesis was at the standard level. I also deemed that the student could be pass to the last interview examination to request for the graduation.

Please kindly consider the request.

Sign ..............................................(Thesis Advisor)   
(.....................................................................)

Faculty ................................................... Tel. ......................................

**A certificate from the Thesis Co-Advisor**

Date ................... /………………./……..………

Subject Request to Schedule the Thesis Examination  
Dear Dean of School of Food-Industry

I am....................................................................................................................................... a thesis advisor of (Mr./Mrs./Miss.) .................................................................................... I certify that I already verified this thesis and the thesis was at the standard level. I also deemed that the student could be pass to the last interview examination to request for the graduation.

Please kindly consider the request.

Sign ..............................................(Thesis Advisor)   
(.....................................................................)

Faculty ................................................... Tel. ......................................

**Graduate Staff’s Comment**

Date 18 / May /2563

To Dean of School of Food-Industry

As (Mr / Mrs / Miss, other) ............. Miss Sylvia ................ Surname .................. Indriani ................ Identification code ……61608025...... Curriculum.....Master of Science (Food science)..... Subject field....Food Science...... has a request to schedule the thesis examination which has already been approved by the thesis advisor, the Office of Academic Affairs and Graduate have examined the enrollment subjects, both core and elective subject, including the qualifications and requirements according to the curriculum and certified that the student was qualified to take the thesis examination. See appropriate to propose the request to the Dean for further discretion.

Please kindly consider the request.

Sign.....................................................

(Mrs. Siriporn Thankaew )

**Associate Dean for Graduate Student’s Comment**

Date ................/........................./....................

**Dear Dean of the School of Food-Industry / Academic Affairs Committee**

The Associate Dean for Graduate Student has already examined the correction of the thesis examination according to the regulation of the institute act on graduate studies, B.E. 2559, and conditions of graduate studies. See appropriate to allow the student to take the examination and propose the name of thesis committee as follow;  
1. ……………………………………. Chairman (External expert)   
2. …………………………………… Committee  
3. …………………………………….. Committee  
4. …………………………………….. Committee  
5. ……………………………………. Committee and Secretary

Sign..................................................

(………………………………………….)

Vice Dean for Academic Affairs

**To Dean of the School of Food-Industry / Academic Affairs Committee**

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Sign...................................................................

(………………………………………………………)

Dean of the School of Food-Industry