

AS – 3 – 15
EXTENSION REQUEST FORM
Faculty of Graduate Studies, Mahidol University

1. Mr. / Miss / Mrs. / Other (specify).....
2. Student ID No
3. Program Thai International Part time
 Master Doctorate
Field of Study.....
Faculty / Institute / College
4. First Registration for Thesis Thematic paper in the semester of the academic year
5. Date of passing the thesis / thematic paper proposal examination.....
6. Date of approval of the thesis / thematic paper title according to the Faculty of Graduate Studies' order No.....
7. Thesis / Thematic Paper Title:
.....
.....
8. Thesis / Thematic Paper Advisory Committee:
Lect. / Asst. Prof. / Assoc. Prof. / Prof.....Major Advisor
Lect. / Asst. Prof. / Assoc. Prof. / Prof.Co-Advisor
Lect. / Asst. Prof. / Assoc. Prof. / Prof.Co-Advisor
Lect. / Asst. Prof. / Assoc. Prof. / Prof.Co-Advisor
Lect. / Asst. Prof. / Assoc. Prof. / Prof.Co-Advisor
9. The student has studied for years which are the maximum study period, as shown in the Grade Report that his/her study period ends in semester in the academic year.....
10. Report of the Student's Progress and Research Performance for Thesis / Thematic Paper(GR.42) of every semester..... (the progress report as attached).....
11. Problems / Obstacles that cause the student cannot have the oral thesis / thematic paper defence within the maximum years of his/her study (the report as attached).....
12. Please explain how the student and the major advisor have solved the problems.
..... (the report as attached)
13. The student is requesting an extension of studying in semester in the academic year.....for oral thesis / thematic paper defense on the date of

***The student has attached the GR.2 form: Oral Thesis / Thematic Paper Defence and Committee, with the signature of the major advisor and the program director.**

Student's Name:.....
Date.....

The committee had a meeting on the date ofto consider for the extension request of Mr. / Miss / Mrs. / Ms. / Other (specify)....., and the committee agreed to

APPROVE the request because.....

.....

DISAPPROVE the request because.....

.....

Signature of the committee

.....Major Advisor
(Lect. / Asst. Prof. / Assoc. Prof. / Prof.)

Date.....

.....Co-Advisor
(Lect. / Asst. Prof. / Assoc. Prof. / Prof.)

Date.....

.....Co-Advisor
(Lect. / Asst. Prof. / Assoc. Prof. / Prof.)

Date.....

.....Co-Advisor
(Lect. / Asst. Prof. / Assoc. Prof. / Prof.)

Date.....

.....Co-Advisor
(Lect. / Asst. Prof. / Assoc. Prof. / Prof.)

Date.....

The program director acknowledged and **APPROVED** **DISAPPROVED** the request.

Signature.....

Program Director

(Lect. / Asst. Prof. / Assoc. Prof. / Prof.)

Date.....

The dean acknowledged and **APPROVED** the request and submission for the dean of Faculty of Graduate Studies' approval.

DISAPPROVED because.....

.....

Signature.....

Dean

(Lect. / Asst. Prof. / Assoc. Prof. / Prof.)

Date.....