GR.49  Requirements for Thesis/Thematic Paper Revision Form
Academic Services Section, Faculty of Graduate Studies, Mahidol University

Student’s name ...........................................  ID No ............................

Degree  □ Master’s  □ Doctorate  □ Thesis  □ Thematic paper
Program  □ Regular (Thai)  □ Special (Part – time)  □ International
Field of Study ..........................................................
Faculty / Institute / College ..............................................

I am submitting this form for consideration  □ Replacement  □ Cancellation
1. □ Qualifying Examination Committee  Administrative order No........Appointed on...........
2. □ Thesis/Thematic Paper Proposal Advisor  Administrative order No........Appointed on...........
3. □ Thesis/Thematic Paper Proposal Examination Committee Administrative order No........Appointed on...........
4. □ Thesis/Thematic Paper Advisory Committee  Administrative order No........Appointed on...........
5. □ Title of Thesis/Thematic Paper  Administrative order No........Appointed on...........
6. □ Thesis/Thematic Paper Defense Examination Committee Administrative order No........Appointed on...........
7. □ Date of Oral Thesis/Thematic Paper Exam.  Administrative order No........Appointed on...........

From (specify)..............................................................................................................................
Change to (specify)..........................................................................................................................
Specify your reason................................................................................................................................

................................................................. ................................................................. .................................................................
Signature.................................................................................................................................

................................................................. ................................................................. .................................................................
(Student) (Major Advisor) (Program Director)

Date.......................... Date.......................... Date..........................
Tel. .............................. Tel. .............................. Tel. ..............................
e-mail .............................. e-mail .............................. e-mail ..............................

Comment of the FGS Officer
□ Should be approved  □ Should be submitted for consideration by Dean

Due to ...........................................................................................................................................

Signature..........................................................Date..........................................

The consideration of the Deputy Dean
□ Approved  □ Submitted for consideration by the Dean

Signature..........................................................Date..........................................

July 20, 2012