

Request Form for Thesis Defense
Doctoral Program, Graduated School of Communication Arts and Management Innovation
National Institute of Development Administration

Date:/...../.....

Dear Dean of Graduated School

Candidate's Name: (Mr./Miss./Mrs./Title)

Middle Name Last Name

Candidate's ID No.: Doctoral Program, Graduated School of Communication Arts and
 Management Innovation Batch No. Mobile No. E-mail

.....

I Completely Enrolled the Thesis with 36 Credits on Semester/Year:

The Advisory Committees

- 1. Chair Tel
- 2. External Examiner Tel
- 3. Thesis Principle Advisor Tel
- 4. Thesis Co-Advisor (If Applicable) Tel
- 5. Internal Examiner Tel

Thesis Title (All Capitalized).

Defending Date: Day Month Year Time..... O'clock
 Avenue Floor Building

I was Already Turned In the Thesis with Copy.

Signature Candidate
/...../.....

For Thesis Principle Advisor

I Propose That the Candidate's Thesis is Well Refined and Meet the Criteria to get Defense.

Signature

()

Thesis Principle Advisor

...../...../.....

Director of Ph.D. Program	Dean of Graduated School
<input type="checkbox"/> Consented <input type="checkbox"/> Dissented	<input type="checkbox"/> Consented <input type="checkbox"/> Dissented
<p>Signature:</p> <p>(Assoc. Prof. Asawin Nedpogaeo, Ph.D.)</p> <p>Director of Ph.D. Program</p> <p>...../...../.....</p>	<p>Signature.....</p> <p>(Assoc. Prof. Kullatip Satararужи, Ph.D.)</p> <p>Dean of Graduated School</p> <p>...../...../.....</p>