

Request Form for Thesis Defense

**Doctoral Program, Graduated School of Communication Arts and Management Innovation
National Institute of Development Administration**

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

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

Middle Name Last Name

Candidate's ID No.: Mobile No. E-mail

Thesis Title (All Capitalized)

Thesis Principle Advisor

Thesis Co-Advisor (If Applicable)

Thesis Defensed on Result

I was Already Revised the Thesis According to Comments from Advisory Committees as Following

- 1)
- 2)
- 3)
- 4)
- 5)

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

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|--|---|---|
| <p>1. Thesis Principle Advisor Candidate revised the thesis. Signature (.....) Thesis Principle Advisor/...../.....</p> | <p>2. Director of Ph.D. Program Proceed to for Format Checking. Signature: (Assoc. Prof. Asawin Nedpogaeo, Ph.D.) Director of Ph.D. Program/...../.....</p> | <p>3. Library and Information Center Thesis Format Checked. Signature (.....) Thesis Format Checker/...../.....</p> |
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