



## Proposal for Thesis Examination Committee

GS.A 2

### Appointment to the Graduate School

*For Master Program*

Program Title: \_\_\_\_\_ Field of Study: \_\_\_\_\_

College/Institute/Faculty: \_\_\_\_\_ Rangsit University

Mr/Miss/Mrs: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date of thesis proposal examination: \_\_\_\_\_ Time: \_\_\_\_\_

Examination venue: \_\_\_\_\_

#### Thesis Examination Committees

1. Prof / Assoc. Prof / Asst. Prof / Dr. \_\_\_\_\_ Committee Chair  
Highest academic qualification \_\_\_\_\_ Position \_\_\_\_\_  
Organization \_\_\_\_\_
2. Prof / Assoc. Prof / Asst. Prof / Dr. \_\_\_\_\_ Committee  
Highest academic qualification \_\_\_\_\_ Position \_\_\_\_\_  
Organization \_\_\_\_\_
3. Prof / Assoc. Prof / Asst. Prof / Dr. \_\_\_\_\_ Committee  
Highest academic qualification \_\_\_\_\_ Position \_\_\_\_\_  
Organization \_\_\_\_\_
4. Prof / Assoc. Prof / Asst. Prof / Dr. \_\_\_\_\_ Committee  
Highest academic qualification \_\_\_\_\_ Position \_\_\_\_\_  
Organization \_\_\_\_\_
5. Prof / Assoc. Prof / Asst. Prof / Dr. \_\_\_\_\_ Advisor  
Highest academic qualification \_\_\_\_\_ Position \_\_\_\_\_  
Organization \_\_\_\_\_

Signature \_\_\_\_\_  
( \_\_\_\_\_ )

Program Director

Date \_\_\_\_\_

Remarks: 1. Please submit this form (GS.A 2) to the Graduate School at least one month before the thesis examination date.

2. Please attach this form (GS.A2) together with GS.A. 1.