



**Proposal for Independent Study Examination Committee  
Appointment to the Graduate School**

GS.B2

*For Master's Programs*

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

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

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

Date of independent study proposal examination \_\_\_\_\_ Time \_\_\_\_\_

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

**Independent Study 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.B 2) to the Graduate School at least one month before the thesis examination date.**

**2. Please attach this form (GS.B2) together with GS.B 1.**