



**Proposal for Thesis Examination Committee  
Appointment to the Graduate School**

GS.D4

*For Doctoral Programs*

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. \_\_\_\_\_ Chair of the Examination  
Committee and External Expert  
Highest academic qualification \_\_\_\_\_ Position \_\_\_\_\_  
Organization \_\_\_\_\_
2. Prof / Assoc. Prof / Asst. Prof / Dr. \_\_\_\_\_ Committee Member  
and External Expert  
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. \_\_\_\_\_ Advisor  
Highest academic qualification \_\_\_\_\_ Position \_\_\_\_\_  
Organization \_\_\_\_\_
5. Prof / Assoc. Prof / Asst. Prof / Dr. \_\_\_\_\_ Co-advisor  
Highest academic qualification \_\_\_\_\_ Position \_\_\_\_\_  
Organization \_\_\_\_\_

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

Program Director

Date \_\_\_\_\_

**Remarks: 1. Please submit this form GS. D 4 to the Graduate School at least one month before  
the thesis examination date.  
2. Please attach this form GS. D 4 together with GS. D 3.**