



REQUEST FOR APPOINTING COMMITTEES OF
THESIS DEFENSE EXAMINATION

Academic Support Division

Date Receipt.....

Time.....

Receiver.....

Semester.....Academic Year.....

To Program Director of ☐ ABS ☐ CB ☐ ET

I am, Thesis Advisor
of..... (student name), student ID

who is studying for a ☐ Master ☐ Doctoral Program ☐ ABS ☐ CB ☐ ET

would like to request for appointing Committees for Thesis Defense Examination as follows;

1. _____ Chairperson (External)
2. _____ Committee (Advisor)
3. _____ Committee (Co-Advisor) (if any)
4. _____ Committee
5. _____ Committee

Remark: At least 3 persons (for Master) or 5 persons (for Doctoral)

Thesis Defense Examination Date (D/M/Y) Time

Venue

Please be informed for consideration.

Signature.....

(.....)

Thesis Advisor

Date...../...../.....

Program Director's Approval

☐ Approved ☐ Not Approved

.....
.....

Signature

(.....)

Date...../...../.....