**Request Form for Graduate Thesis Examination**

**Faculty of Veterinary Medicine, Chiang Mai University**

**-------------------------------------------**

Date……………………………..…………

**Re: Request for Thesis Examination**

**To : Chairperson, Graduate Program Administrative Committee**

I, (Mr./Mrs./Ms.)........................................................... Student code................................................. Graduate student of program………………………………………………………………… Type/Plan……………………………………… specializing in the field of Veterinary Science., would like to request for thesis examination on date…………………..... Month.................... Year.................. Time.................. Room…………………………………..

**Title of thesis**

(English).....................................................................................................................................................................................................................................................................................................................................

(Thai)................................................................................................................................................................

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**Thesis defense committee members:**

1. Chairperson

Name/Surname.............................................................................................................................................

Address........................................................................................................................................................

Telephone.................................................... Email.................................................................................

2. Committee

Name/Surname.............................................................................................................................................

Address........................................................................................................................................................

Telephone.................................................... Email.................................................................................

3. Committee

Name/Surname.............................................................................................................................................

Address........................................................................................................................................................

Telephone.................................................... Email.................................................................................

4. Committee

Name/Surname.............................................................................................................................................

Address........................................................................................................................................................

Telephone.................................................... Email.................................................................................

5. Committee

Name/Surname.............................................................................................................................................

Address........................................................................................................................................................

Telephone.................................................... Email.................................................................................

**Remark**

**Thesis defense committee members:**

1. Must be regular instructors of the Graduate School or special advisor from outside the university.
2. Must hold a doctoral degree or its equivalent or must hold at least the position of associate professor.
3. Must have research experience apart from that accomplished as part of a degree-seeking study in that particular or related field of the curriculum. In the case that a special advisor from outside the university is not affiliated to a tertiary-level educational institution, he/she must be an expert in the field. The committee members must have thorough knowledge in the content and examination methodology of the thesis. Main or coordinate thesis advisors have a responsibility to always participate in thesis defense. The advisors may participate in the defense as examination committee members or as parties attending, but none of them may be the defense committee chairperson.

**Appointment of Thesis Defense Committee**

* 1. For a Master’s degree student, the Chairman of the Committee on Graduate Studies will appoint a Thesis Defense Committee of at least three people, including at least one lecturer of the Graduate School from the same or a related discipline and at least one qualified person from outside the university who is not qualified to be a co-advisor.
  2. For a Doctoral degree student, the Chairman of the Committee on Graduate Studies will appoint a Thesis Defense Committee of at least five people, including at least three lecturers of the Graduate School from the same or related disciplines and at least one qualified person from outside the university who is not qualified to be a co-advisor.

The main Thesis Advisor/Co-Advisor must participate in the defense process at all times as a committee member or participant, but not as chairman of the defense committee

**Enclosure required:**

**Publication**

* Presentation full paper

1. Cover of proceedings
2. Content proceedings that have the student’s name
3. Certificate (If don’t have the certificate, he student must have the letter of recommendation for the presentation)

□ National presentation Quantity....................

□ International presentation Quantity....................

* Acceptation in journal/conference……………………………………………………………………………………………………..

(In case the acceptation )

1. **Title of Journal**

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Name of Journal ..............................................................................................................

Issue date: Volume..................... No........................ Month................... Year.................................

Submit Date......................... Month..................... Year....................

Database

* TCI □ SCOPUS □ ISI
* PubMed □ Web of Science □ ACI

□ อื่นๆ................................

* IF = .............. □ AI = ..............
* EF = ............. □ SNIP = ..............
* SJR = ..................
* Other................... =....................

Approved and not in Predatory Publisher List

□ Beall’s list

□ Other………………………………….

1. **Title of Journal**

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* SJR = ..................
* Other................... =....................

Approved and not in Predatory Publisher List

□ Beall’s list

□ Other………………………………….

Yours sincerely,

(Sign).................................................

(......................................................)

Student

**Opinion of Thesis advisor**

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(Sign)......................................................

(.....................................................)

Thesis Advisor

Date...................................................

**Opinion of Graduate Program Administrative Committee**

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(Sign)......................................................

(Asst.Prof.Dr.Sukolrat Boonyayatra)

Chairperson, Graduate Program Administrative Committee

Date...................................................