

The Graduate School Kasetsart University

Application for Approval of Thesis Proposal

Student's Name:	(Mr/Miss/Mrs/Title)		I	Last name:			
Degree:	Doctoral Degree	O Plan 1.1	O Plan 1.2	O P	Plan 2.1 O	Plan 2.2	
	Master's Degree	O Plan A1	O Plan A2				
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Thesis Format:	☐ Science ☐ S	Social Science					
Request for Approval of Thesis Proposal, in Which It has been Confirmed that the Thesis Title does not Repeat Existing Titles.							
Proposed Thesis	Title:						
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Keywords:			••••				
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		S	Student's Signature	·			
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The Thesis i			uttee:				
	N	lame and Title		Code	Signature	Date	
Thesis Advisor						/	
Thesis Co-Advisor	r					//	
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Thesis Co-Advisor	r					//	
Head of Departm	nent / Graduate Program (Committee Chairp	erson:				
Signature:							
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Date:	/	/					
(For KU. Gradu	ate School Officer Only)						
To: Dean							
For approval				Approved			
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Associate Dean Date:/				Date://			
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