

**GS. 27**

# **The Graduate School, Naresuan University**

**Approval of program completion for graduation of master degree**

## Dear Vice President for Academic Affairs

The graduate school examined the requirements for doctoral degree program completion for

graduation of

**Student Name** (Mr. / Mrs. / Miss)…………………..…………………………NU.ID…….……………...

Master Degree Program …………………………….…………..…… Type 1 Type 2

Field of study……………………………………………Faculty/college…………………………….……

**Thesis Title** (Thai)…………………………………..………

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

…………………………………………………………………………………..………………..…………

1. Passed English Proficiency Test by …………………..…….Scores……………..date………....…
2. Passed all required Courses
3. Maintained a minimum of 3.00 G.P.A.
4. Passed the thesis examination Date……………………………………

### **Thesis proposal committee**

### …………………….......… Advisor Co-Advisor …………..……..……… Co-Advisor

### …………………...........… Advisor Co-Advisor …………..……..……… Co-Advisor

### …………………...........… Advisor Co-Advisor …………..……..……… External Committee

5. Submitted the completed thesis Date……………………………………………

6. Name of Journal published /or conference proceeding published

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Date of the thesis published/accepted....................................and approved by the Graduate School

Date…………………………………

**Decision of the Advisor**

Signature……………..……………….………...

(………………………………………)

Advisor

Date…………………………....…………

Next 2

**Decision of Head of the Department**

Approved Disapproved; reason...............……………………..…………….……………

Signature……………..……………….………...

(…………………………..………….)

Head of the Department……………………………………….

Date…………………………......………..

**Decision of Dean of the Faculty**

Approved Disapproved; reason...............……………………..…………….……………

Signature……………..……………….………...

(…………………………..………….)

Dean of the Faculty……………………………………….

Date…………………………......………..

**Check list from the Graduate School Staff**

Approved Disapproved; reason...............……………………..…………….……………

Signature……………..……………….………...

(…………………………..………….)

Date…………………………......………..

**Approval from Associate Dean for Academic Affair of the Graduate School**

Approved Disapproved; reason...............……………………..…………….……………

Signature……………..……………….………...

(…………………………..………….)

Date…………………………......………..

**Approval from Dean of the Graduate School**

Recommends the Student degree approve Date……………………………………………..

Degree requirements have not been met

Signature……………..……………….………...

(…………………………..………….)

Date…………………………......………..

Next 3

**University Approval**

Approved

Disapproved; reason……………………………...……………………………………………..

….……………….…………………

(…………………………..……….)

Vice President for Academic Affairs

**Note completed this form by computer**