



Appointment form for doctoral dissertation title and advisory committee

To Dean of Graduate School

I am (Mr. / Mrs./Ms.) Student ID [] [] [] [] [] [] [] []

Program Major/Pathway Faculty

Beginning year of study..... First Semester Second Semester Full-time Part-time

- Type of Study 1.1 (Completed Master's degree and take dissertation 48 credits)
 1.2 (Completed Bachelor's degree and take dissertation 72 credits)
 2.1 (Completed Master's degree, take course works 12 credits, and dissertation 36 credits)
 2.2 (Completed Bachelor's degree, take course works 24 credits, and dissertation 48 credits)

Telephone E-mail

Dissertation title

Proposed appointment for doctoral dissertation advisory committee

Table with 4 columns: Name and last name (with academic position), Highest degree earned, Affiliation / Institution, Signature. Rows for Principal advisor, Co-advisor, Co-advisor.

(**Co-advisors (if have) not more than 2 persons**)

Please be informed accordingly.

Student name

(.....)

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

Table with 2 columns and 2 rows for signatures and dates of Program Director, Head of Department/Division, Dean, and Dean of Graduate School. Includes 'Agreed/Disagreed' and 'Approved/Disapproved' checkboxes.

Attached Documents

- Library information system training
 Ethic training
 i-Thesis training
 Relevant specific trainings
 Transcripts printed from the registration system