

REQUEST FOR APPOINTMENT OF THESIS/DISSERTATION ADVISOR

Department of Food Biotechnology, School of Biotechnology

Assumption University

Date:**Student's name:****Student's ID:****Program:** M.Sc. in Food Biotechnology Ph.D. in Food Biotechnology**Title of Thesis/****dissertation:**

I would like to request an approval of my thesis/dissertation advisor and/or co-advisor as followed:

1. Main advisor

Title:

Name:

Affiliation:

Contact:

2. Co-advisor (if applicable) Full-time faculty member External expert

Title:

Name:

Affiliation:

Contact:

Note: Please attach CV for external expert with this request.

3. **Co-advisor (if applicable)** Full-time faculty member External expert

Title:

Name:

Affiliation:

Contact:

Note: Please attach CV for external expert with this request.

Note: Thesis/dissertation advisor and co-advisors qualification must be consistent with Assumption University regulations on Graduate Studies B.E. 2556 and the Graduate Program Standard Criteria B.E. 2548 issued by Ministry of Education, Thailand.

Requested by

Students signature:

_____)
Date: _____

Main advisor signature:

_____)
Date: _____