Please type								
or wri	ite The	esis Exam	ination Comn	nittee App	ointme	nt Form		
with	Department of Computer Engineering							
	Admitted to program since 🛛 First 🗋 Second semester of academic Year							
	Program M.SC Computer Science							
		M.SC	Computer Science (weekend)					
		M.SC Software Engineering (Plan A)						
	M.SC Software Engineering (Plan A: weekend)							
		M.Eng Computer Engineering (Plan A1)						
		M.Eng Computer Engineering (Plan A2)						
	Ph.D Computer Engineering Type 2.1 (Bachelor to Ph.D)							
		🗖 Ph.D	Computer Engin	eering Type 2	2.2 (Maste	er to Ph.D)		
	Dear Thesis Examination committee							
	Student First-Last Name examination (Mr./Mrs./Ms.) Student's ID Number							
	I wish to take the thesis on Date MonthYearTime						_	
	Examination Room Building Level Telephone							
	Thesis title (Thai)							
	Thesis title (English)							
	Student's signature							
						/		

For Chairperson or Thesis advisor

Number 99. (Chulalongkorn University Graduate Studies Regulation, 2008)The thesis examination shall be conducted openly and people from outside may be allowed to observer the examination. Exceptions are given when it is deemed necessary for certain part(s) of the information must be protected, in which case the chairperson of the Thesis Examination Committee or the thesis supervisor may arrange to have the examination conducted otherwise.

Not allow people from outside to observe the examination as it is necessary that certain part(s) of the information must be protected

Signature _____ Chairperson or Thesis advisor

For Thesis examination committee

Please, Sign	Name of Thesis examination	Position	
	committee		
1.		Chairperson	
2.		Thesis advisor	
3.		Thesis Co-Advisor	
4.		Committee member	
5.		Committee member	
6.		External examiner	