

Date\_\_\_\_\_

SubjectCorrected Thesis ProposalToDean of Graduate College

Name (Mr., Mrs	., Miss)		ID.No			
	Doctoral O Normal O Special Plan_					
С	Master ONormal O Special Plan_	Period	Campus OB	angkok O Praji	nburi O R	ayong
Major	Field			Abbreviat	ion	
Mobile PhoneE-mail						
Submitted for the corrected thesis proposal (G.020), the title examination date was						

## Advisor(s) Signed Acknowledgement

1	Advisor	Signature
2	<u>Co-advisor</u>	Signature
3	Co-advisor	Signature

	Student
(	)
	Department Head
(	
Date	

Officials for Graduate College The corrected thesis proposal should be approved, please sign the title thesis approval.	Approved	
Graduate College_Staff	Dean of Graduate College	
()	()	
Date	Date	

## Conditions and documents attached for G.006

- 1. The corrected thesis proposal must be submitted within 30 days after the thesis title examination date.
- 2. Thesis advisor(s) must sign on the cover of the corrected thesis proposal (G.020).