
	Graduate studies King Mongkut's Institute of Technology Ladkrabang	Document no.	SFM-63-OAQ-GS-013
		Document receipt no.	
	Thesis/Independent Study Examination Request Form (Submit online via Google Forms only)	Day/Month/Year	
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Part 1: Students

Name - Surname (Mr./Mrs./Miss)	Student ID
Students (general) since semester	Academic Year
Master's level education course		
Study plan	<input type="radio"/> Plan A1 (1.1) <input type="radio"/> Plan A2 (1.2) <input type="radio"/> Plan B (2)		
Ph.D's level education course		
Study plan	<input type="radio"/> Plan 1 (1.1) <input type="radio"/> Plan 1 (1.2) <input type="radio"/> Plan 2 (2.1) <input type="radio"/> Plan 2 (2.2)		
Contact number	Email:
Advisor Thesis / Independent Study		
Advisor Thesis / Independent Study (Joint)		
Title of thesis/independent research (in Thai)		
.....			
Title of thesis/independent research (in English)		
.....			
Student (Please write ✓ in the <input type="radio"/> box)			
<input type="radio"/> Thesis abstract, Thai, English, table of contents, thesis volume and check for duplicate thesis			
<input type="radio"/> A copy of the letter acknowledging publication/a copy of the presentation of the work at an academic conference (full story) or a copy of the published work and the work certification base.			
<input type="radio"/> Academic plagiarism check form (Check theses and published research works)			
<input type="radio"/> Academic transcript from the first semester until now (Office of Registration and Educational Services)			
<input type="radio"/> English test results certificate (Office of Registration and Educational Services)			
<input type="radio"/> Thesis topic announcement			
<input type="radio"/> Received a scholarship from			
<input type="radio"/> Scholarships within the faculty (specify) Name of scholarship.....			
<input type="radio"/> Scholarship outside the faculty (specify) Name of scholarship.....			
Signature		Student	
Date			

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Part 2: Certification of the thesis advisor


<u>Documents for consideration in submitting a thesis/independent study examination</u> <ul style="list-style-type: none"> <input type="radio"/> Thesis abstract, Thai, English, table of contents and thesis volume <input type="radio"/> A copy of the letter acknowledging publication/a copy of the presentation of the work at an academic conference (full story) or a copy of the published work, and work certification base <input type="radio"/> Academic Plagiarism Checking Form (Check theses and published research works) 	
Main Thesis Advisor (Signed) <input type="radio"/> Appropriate <input type="radio"/> Not appropriate Signature (.....) Date Month Year	Main Thesis Advisor (Joint) (Signed) <input type="radio"/> Appropriate <input type="radio"/> Not appropriate Signature (.....) Date Month Year

Part 3 Comments/Signature

The course chair signed his opinion. Signature (.....) Date Month Year

Part 4 Academic Committee

..... Signature (Asst. Prof. Dr. Piampoom Sarilprueck) Deputy Dean, School of Engineering Date Month Year
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Certificate of use of academic work for completion of graduate studies
School of Engineering King Mongkut's Institute of Technology Ladkrabang

Date Month Year

I am ☐ Professor ☐ Assoc. Prof ☐ Asst. Prof. ☐ Dr. Surname

Being the thesis advisor of ☐ Mr. ☐ Mrs. ☐ Ms. Surname

Student at ☐ Doctoral level ☐ Master's level Field of study

We certify that the academic work (journal / conference)

Name (in Thai)

.....

Name (in English)

.....

which is published in the journal/conference named

Year Volume Page The meeting was held on
in Country

Certification database

☐ ISI ☐ SJR Q ☐ Scopus ☐ TCI Group ☐ อื่น ๆ

Impact Factor =

I hereby certify that This work is not listed in Beall's journal. /Academic conferences and publishers have never been published anywhere before. Not in the process of being offered To be considered for publication in other journals and not have duplicate content from other articles from the date

☐ Mr. ☐ Mrs. ☐ Ms. Surname

Have submitted a request to take the thesis examination to the graduate program and will use this article to complete their studies.

☐ Mr. ☐ Mrs. ☐ Ms. Surname Sole

Signature

(.....)

Advisor

Contact number

Note :- Please certify every article used as a condition for graduation.