List of Graduate Studies Form

STATUS OF ENGLISH PROFICIENCY TEST

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.
☐ Other.....

Name:

Middle name:

Family name:

Student ID

☐☐☐☐☐☐☐☐☐☐

Study Program:.....
Ph.D. ☐ Plan 1 ☐ Plan 2
M.Sc. ☐ CLASS ☐ LWP
☐ Plan A1 ☐ Plan A2 ☐ Plan B

Requirement of English Proficiency Test

Test	*Admission*	*Graduation*
TU-GET	500	550
TOELF		
☐ PBT	500	550
☐ CBT	173	213
☐ iBT	61	79
IELTS	5.5	6.0

For Admisssion

English Proficiency Test

☐ TU-GET Score ..... (500)

☐ TOELF Score .....

☐ PBT (550) ☐ CBT (173) ☐ iBT (61)

☐ IELTS Score ..... (5.5)

For Graduation

English Proficiency Test

☐ TU-GET Score ..... (550*)

☐ TOELF Score .....

☐ PBT (550*) ☐ CBT (213*) ☐ iBT (79*)

☐ IELTS Score ..... (6.0*)

☐ TU005 ☐ Pass ☐ Not Pass (only for M.Sc. program)

☐ TU006 ☐ Pass ☐ Not Pass (only for M.Sc. program)

*The requirement score in each English proficiency test category

Tracking

English Proficiency Test

Year	*Test*	*Score*	*Record date*	*TU requirement*
Year 1	.....	.....	.....	☐ Pass ☐ Not Pass
Year 2	.....	.....	.....	☐ Pass ☐ Not Pass
Year 3	.....	.....	.....	☐ Pass ☐ Not Pass
Year 4	.....	.....	.....	☐ Pass ☐ Not Pass
Year 5	.....	.....	.....	☐ Pass ☐ Not Pass
Year 6	.....	.....	.....	☐ Pass ☐ Not Pass
Year 7	.....	.....	.....	☐ Pass ☐ Not Pass
Year 8	.....	.....	.....	☐ Pass ☐ Not Pass
Year 9	.....	.....	.....	☐ Pass ☐ Not Pass

GR 002

GENERAL REQUEST

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.
☐ Other.....

Name: _____

Middle name: _____

Family name: _____

Student ID

☐☐☐☐☐☐☐☐☐☐

Study Program: Integrative Medicine

Ph.D. ☐ Plan 1 ☐ Plan 2

M.Sc. ☐ CLASS ☐ LWP

☐ Plan A1 ☐ Plan A2 ☐ Plan B

Student's signature

(_____)

Date .....

Advisor's signature

(_____)

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

For Student

Specify Your Request Details

.....

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.....

Advisor

Advisor's comment

.....

.....

.....

.....

.....

Director of Graduate Studies

Director of Graduate Studies' comment

.....

.....

.....

.....

.....

QUALIFYING EXAMINATION: PART I

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.

☐ Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine

Ph.D. ☐ Plan 1 ☐ Plan 2

Student's signature

( )

Date .....

Advisor's signature

( )

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Part I: Written Examination

Qualifying Examination Committee: Part I Written Examination

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Appointment

For written examination: Venue .....

Date ..... Time .....

For Academic Staff

The program verifies that the student has satisfactorily completed all examination requirements.

☐ Plan 1: Student has registered for dissertation
☐ Plan 2: GPA ≥ 3.0
☐ Plan 2: minimum of 24 credits for student with B.Sc. degree
minimum of 12 credits for student with M.Sc. degree

Qualifying Examination result ☐ ss (≥70%) ☐ t pass (<70%)

Core subjects Result .....%

Elective subjects for major study area Result .....%

Approved by Qualifying Examination Committee

1. Chair.....

2. Member..... 4. Member.....

3. Member..... 5. Member.....

Note*:** This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Qualifying Examination date.

QUALIFYING RE-EXAMINATION: PART I

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.
☐ Other.....

Name: _____

Middle name: _____

Family name: _____

Student ID

Study Program: Integrative Medicine
Ph.D. ☐ Plan 1 ☐ Plan 2

Student's signature

☐ I would like to request for Qualifying re-examination Part I.

(_____)

Date .....

Advisor's signature

(_____)

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Part I: Written Examination

Qualifying Examination Committee: Part I Written Examination

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Appointment

For Written Examination:

Venue .....

Date .....

Time .....

Qualifying Re-Examination result

☐ Pass (≥70%) ☐ Not pass (<70%)

Core subjects Result .....%

Elective subjects Result .....%

For each major study area

For Academic Staff

Approved by Qualifying Examination Committee

1. Chair..... Date.....

2. Member..... Date.....

3. Member..... Date.....

4. Member..... Date.....

5. Member..... Date.....

QUALIFYING EXAMINATION: PART II

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.
☐ Other.....

Name: _____

Middle name: _____

Family name: _____

Student ID

☐☐☐☐☐☐☐☐☐☐

Study Program: Integrative Medicine
Ph.D. ☐ Plan 1 ☐ Plan 2

Student's signature

_____
(_____)
Date .....

Advisor's signature

_____
(_____)
Date .....

Director's signature

_____
(Professor Kesara Na-Bangchang,Ph.D.)
Date .....

Part II: Oral Examination

Qualifying Examination Committee: Part II Oral Examination

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Appointment

For Oral Examination: Venue .....

Date ..... Time .....

For Academic Staff

☐ The program verifies that the student has satisfactorily passed for written examination with .....%

Qualifying Examination result ☐ Pass (≥70%) ☐ Not pass (<70%)

Result .....%

Approved by Qualifying Examination Committee

1. Chair.....
2. Member..... 4. Member.....
3. Member..... 5. Member.....

QUALIFYING RE-EXAMINATION: PART II

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.
☐ Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine
Ph.D. ☐ Plan 1 ☐ Plan 2

Student's signature

☐ I would like to request for Qualifying Re-Examination: Part II.

( )

Date .....

Advisor's signature

( )

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Part II: Oral Examination

Qualifying Re-Examination Committee: Part I Written Examination

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Appointment

For Written Examination:

Venue .....

Date .....

Time .....

Qualifying Re-Examination result

☐ Pass (≥70%) ☐ Not pass (<70%)

Result .....%

For Academic Staff

Approved by Qualifying Examination Committee

1. Chair..... Date.....

2. Member..... Date.....

3. Member..... Date.....

4. Member..... Date.....

5. Member..... Date.....

Note*:** This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Qualifying Re-Examination date.

COMPREHENSIVE EXAMINATION

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.

☐ Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine

Comprehensive examination is a requirement for M. Sc. Plan B only

M.Sc. ☐ CLASS ☐ LWP

Student's signature

( )

Date .....

Advisor's signature

( )

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Comprehensive Examination

Comprehensive Examination Committee

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Appointment

Venue .....

Date ..... Time .....

For Academic Staff

☐ The program verifies that the student has satisfactorily completed 30 credits and independent study requirement.

Comprehensive Examination result ☐ Pass (≥70%) ☐ Not pass (<70%)

Core subjects Result .....%

Elective subjects for major study area Result .....%

Approved by Comprehensive Examination Committee

1. Chair.....

2. Member..... 4. Member.....

3. Member..... 5. Member.....

Note: This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Comprehensive Examination date.***

COMPREHENSIVE RE-EXAMINATION

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.

☐ Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine

Comprehensive examination is a requirement for M. Sc. Plan B only

M.Sc. ☐ CLASS ☐ LWP

Student's signature

☐ I would like to request for Qualifying Re-Examination Part I.

( )

Date .....

Advisor's signature

( )

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Comprehensive Re-Examination

Qualifying Examination Committee: Part I Written Examination

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Appointment

Venue .....

Date .....

Time .....

Qualifying Re-Examination result

☐ Pass (≥70%) ☐ Not pass (<70%)

Core subjects Result .....%

Elective subjects Result .....%

For each major study area

For Academic Staff

Approved by Qualifying Examination Committee

1. Chair..... Date.....

2. Member..... Date.....

3. Member..... Date.....

4. Member..... Date.....

5. Member..... Date.....

Note*:** This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Comprehensive Re-Examination date.

THESIS PROPOSAL

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.
☐ Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine

M.Sc. ☐ CLASS ☐ LWP
☐ Plan A1 ☐ Plan A2 ☐ Plan B

Student's signature

( )
Date .....

Advisor's signature

( )
Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)
Date .....

Thesis Proposal Title

.....
.....
.....

Thesis Proposal Defense Committee

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Appointment

Venue .....Date .....Time .....

For Academic Staff

Thesis Proposal Defense Result

☐ Pass (≥70%) ☐ Not pass (<70%)
☐ Pass with condition please specify.....
.....
.....
.....

Approved by Thesis Proposal Defense Committee

1. Chair.....
2. Member..... 4. Member.....
3. Member..... 5. Member.....

Note: This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Thesis Proposal Defense date.***

THESIS PROPOSAL RE-EXAMINATION

Student Information

☐Mr. ☐Ms. ☐Mrs.
☐Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine

M.Sc. ☐CLASS ☐LWP
☐Plan A1 ☐Plan A2 ☐Plan B

Student's signature

(.....)
Date .....

Advisor's signature

(.....)
Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)
Date .....

Thesis Proposal Re-Examination Title

.....
.....
.....

Thesis Proposal Defense Committee

1. .....Chair
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute
2. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute
3. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute
4. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute
5. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

Appointment

Venue .....Date .....Time .....

For Academic Staff

Thesis Proposal Re-Examination result

☐Pass (≥70%) ☐Not pass (<70%)
☐Pass with condition please specify.....
.....
.....
.....

Approved by Thesis Proposal Examination Committee

1. Chair.....
2. Member..... 4. Member.....
3. Member..... 5. Member.....

Note: This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Re-Thesis Proposal Defense date.***

THESIS PROPOSAL SUBMISSION

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.

☐ Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine

M.Sc. ☐ CLASS ☐ LWP

☐ Plan A1 ☐ Plan A2 ☐ Plan B

Student's signature

( )

Date .....

Advisor's signature

( )

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Thesis Proposal Title

.....

.....

.....

Thesis Proposal Defense Committee

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Thesis proposal result

Thesis proposal defense result

☐ Pass (≥70%)

☐ Pass with condition

☐ **This thesis proposal has been edited following comments, suggestions, and conditions of the Thesis proposal defense committee**

Approved by Thesis Proposal Defense Committee

1. Chair.....

2. Member..... 4. Member.....

3. Member..... 5. Member.....

For Academic Staff

☐ **This thesis proposal has been formatted following the regulations of Graduate Studies.**

DISSERTATION PROPOSAL

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.
☐ Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine
Ph.D. ☐ Plan 1 ☐ Plan 2

Student's signature

( )
Date .....

Advisor's signature

( )
Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)
Date .....

Dissertation Proposal Title

.....
.....
.....

Dissertation Proposal Defense committee

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Appointment

Venue .....Date .....Time .....

For Academic Staff

Dissertation Proposal Defense Result

☐ Pass (≥70%) ☐ Not pass (<70%)
☐ Pass with condition please specify.....
.....
.....
.....

Approved by Dissertation Proposal Examination Committee

1. Chair.....
2. Member..... 4. Member.....
3. Member..... 5. Member.....

Note*: This form must be submitted to the office of the Graduate Program in Integrative Medicine *at least 15 days before the Dissertation Proposal Defense date.

DISSERATION RE-PROPOSAL

Student Information

☐Mr. ☐Ms. ☐Mrs.
☐Other.....

Name: _____

Middle name: _____

Family name: _____

Student ID

☐☐☐☐☐☐☐☐☐☐

Study Program: Integrative Medicine

Ph.D. ☐Plan 1 ☐Plan 2

Student's signature

(_____)

Date .....

Advisor's signature

(_____)

Date .....

Director's signature

(_____)

Date .....

Dissertation Proposal Title

.....
.....
.....

Disseration Proposal Defense Committee

1. .....Chair
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

2. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

3. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

4. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

5. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

Appointment

Venue .....Date .....Time .....

For Academic Staff

Disseration Proposal Re-Examination Result

☐Pass (≥70%) ☐Not pass (<70%)
☐Pass with condition please specify.....
.....
.....
.....

Approved by Disseration Proposal Examination Committee

1. Chair.....
2. Member..... 4. Member.....
3. Member..... 5. Member.....

Note: This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Re-Dissertation Proposal Defense date.***

GR 014

DISSERTATION PROPOSAL SUBMISSION

Student Information

☐Mr. ☐Ms. ☐Mrs.

☐Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine

Ph.D. ☐Plan 1 ☐Plan 2

Student's signature

( )

Date .....

Advisor's signature

( )

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Dissertation Proposal Title

.....

.....

.....

Dissertation Proposal Examination Committee

1. .....Chair
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

2. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

3. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

4. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

5. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

Dissertation Proposal result

Dissertation proposal Examination result

☐Pass (≥70%)

☐Pass with condition

☐ **This dissertation proposal has been edited following comments, suggestions, and conditions of the Dissertation Proposal Examination Committee**

Approved by Dissertation Proposal Examination Committee

1. Chair.....

2. Member..... 4. Member.....

3. Member..... 5. Member.....

For Academic Staff

☐ **This Dissertation proposal has been formatted following the regulations of Graduate Studies.**

THESIS DEFENSE

Student Information

☐Mr. ☐Ms. ☐Mrs.
☐Other.....

Name: _____

Middle name: _____

Family name: _____

Student ID

Study Program: Integrative Medicine

M.Sc. ☐CLASS ☐LWP
☐Plan A1 ☐Plan A2 ☐Plan B

Student's signature

(_____)
Date .....

Advisor's signature

(_____)
Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)
Date .....

Thesis Title

.....
.....
.....

Thesis Defense Committee

1. .....Chair
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

2. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

3. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

4. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

5. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

Appointment

Venue .....Date .....Time .....

For Academic Staff

Thesis Defense Result

☐Pass (≥70%) ☐Not pass (<70%)
☐Pass with condition please specify.....
.....
.....
.....

Approved by Thesis Defense Committee

1. Chair.....
2. Member..... 4. Member.....
3. Member..... 5. Member.....

Note*:** This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Thesis Defense date.

RE-THESIS DEFENSE

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.
☐ Other.....

Name: _____

Middle name: _____

Family name: _____

Student ID

Study Program: Integrative Medicine

M.Sc. ☐ CLASS ☐ LWP
☐ Plan A1 ☐ Plan A2 ☐ Plan B

Student's signature

(_____)
Date .....

Advisor's signature

(_____)
Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)
Date .....

Re-Thesis Title

.....
.....
.....

Thesis Defense Committee

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Appointment

Venue .....Date .....Time .....

For Academic Staff

Re-Thesis Defense Result

☐ Pass (≥70%) ☐ Not pass (<70%)
☐ Pass with condition please specify.....
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.....

Approved by Thesis Defense Committee

1. Chair.....
2. Member..... 4. Member.....
3. Member..... 5. Member.....

Note*:** This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Re-Thesis Defense date.

THESIS SUBMISSION

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.

☐ Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine

M.Sc. ☐ CLASS ☐ LWP

☐ Plan A1 ☐ Plan A2 ☐ Plan B

Student's signature

( )

Date .....

Advisor's signature

( )

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Thesis Title

.....

.....

.....

Thesis Defense Committee

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Thesis result

Thesis defense result

☐ Pass (≥70%)

☐ Pass with condition

☐ **This thesis has been edited following comments, suggestions, and conditions of the Thesis Defense Committee**

Approved by Thesis Defense Committee

1. Chair.....

2. Member..... 4. Member.....

3. Member..... 5. Member.....

For Academic Staff

☐ **This thesis has been formatted following the regulations of Graduate Studies.**

GR 022

DISSERTATION DEFENSE

Student Information

☐Mr. ☐Ms. ☐Mrs.

☐Other.....

Name:

Middle name:

Family name:

Student ID

☐☐☐☐☐☐☐☐☐☐☐

Study Program:Integrative Medicine

Ph.D. ☐Plan 1 ☐Plan 2

Student's signature

(---)

Date .....

Advisor's signature

(---)

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Dissertation Title

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.....

Dissertation Defense Committee

1. .....Chair
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

2. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

3. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

4. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

5. .....Member
☐Dr. ☐Asst.Prof. ☐Asso.Prof. ☐Prof. ☐Other.....
.....Institute

Appointment

Venue .....Date .....Time .....

For Academic Staff

Dissertation Defense Result

☐Pass (≥70%) ☐Not pass (<70%)

☐Pass with condition please specify.....

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Approved by Dissertation Defense Committee

1. Chair.....

2. Member..... 4. Member.....

3. Member..... 5. Member.....

Note*:** This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the Dissertation Defense date.

GR 024

DISSERTATION SUBMISSION

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.

☐ Other.....

Name:

Middle name:

Family name:

Student ID

Study Program: Integrative Medicine

Ph.D. ☐ Plan 1 ☐ Plan 2

Student's signature

( )

Date .....

Advisor's signature

( )

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Dissertation Title

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Dissertation Defense Committee

1. .....Chair
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

2. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

3. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

4. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

5. .....Member
☐ Dr. ☐ Asst.Prof. ☐ Asso.Prof. ☐ Prof. ☐ Other.....
.....Institute

Dissertation Defense Result

Dissertation defense result

☐ Pass (≥70%)

☐ Pass with condition

☐ **This dissertation has been edited following comments, suggestions, and conditions of the Dissertation Defense Committee**

Approved by Dissertation Defense Committee

1. Chair.....
2. Member..... 4. Member.....
3. Member..... 5. Member.....

For Academic Staff

☐ **This Dissertation has been formatted following the regulations of Graduate Studies.**

GR 028

STUDY PROGRESS

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.

☐ Other.....

Name: _____

Middle name: _____

Family name: _____

Student ID

☐☐☐☐☐☐☐☐☐☐☐☐☐

Study Program: Integrative Medicine

Ph.D. ☐ Plan 1 ☐ Plan 2

M.Sc. ☐ CLASS ☐ LWP

☐ Plan A1 ☐ Plan A2 ☐ Plan B

Student's signature

(_____)

Date .....

Advisor's signature

(_____)

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

Thesis/Dissertation/Independent Study Title

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Summary of Study Progress by Student

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Comment and Suggestion by Advisor

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Comment and Suggestion by Director of Graduate Studies

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Note: This form must be submitted to the office of the Graduate Program in Integrative Medicine ***at least 15 days before the end of each semester.***

GRADUATION REQUIREMENT

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.

☐ Other.....

Name: _____

Middle name: _____

Family name: _____

Student ID

☐☐☐☐☐☐☐☐☐☐☐☐☐

Study Program: Integrative Medicine

Ph.D. ☐ Plan 1 ☐ Plan 2

M.Sc. ☐ CLASS ☐ LWP

☐ Plan A1 ☐ Plan A2 ☐ Plan B

Student's signature

(_____)

Date .....

Advisor's signature

(_____)

Date .....

Director's signature

(Professor Kesara Na-Bangchang,Ph.D.)

Date .....

General Requirement

☐ Complete the study within time

☐ Complete the course and thesis/dissertation/independent study requirements

Pass the English Proficiency test

☐ TU-GET Score ..... (550*)

☐ TOELF Score .....

☐ PBT (550*) ☐ CBT (213*) ☐ iBT (79*)

☐ IELTS Score ..... (6.0*)

☐ TU004 Passed (only for M.Sc. program)

☐ TU005 Passed (only for M.Sc. program)

Requirement for Master of Science

Plan A(1) and A(2)

☐ Pass the thesis defense Date .....

☐ Pass the thesis defense Date .....

Plan B

☐ Pass the independent study proposal defense Date .....

☐ Pass the independent study defense Date .....

☐ Pass the comprehensive examination Date .....

Presentation and Publication

☐ Oral presentation

☐ Poster presentation

☐ Research article

(Please attach the proceeding abstract/publication or research article/accepted letter from editor)

Requirement for Doctor of Philosophy

☐ Pass the Qualifying examination Date .....

☐ Pass the dissertation proposal defense Date .....

☐ Pass the dissertation defense Date .....

Presentation and Publication

☐ Research article

(Please attach the proceeding abstract/publication or research article/accepted letter from editor)

Book of Thesis/Dissertation/Independent Study

Submission of Thesis/Dissertation/Independent Study to Graduate Program in Integrative Medicine on Date .....