	Graduate Studies	Document No.	SFM-63-OAQ-GS-013
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Section 1 For Student

Full name (Mr./Ms.) Student ID.....

is a Full-time student since (semester) Academic year

Student Level Master's Degree in

Plan A Type A1 Plan A Type A2

Plan B

Doctoral Degree in

Type 1 (1.1 Type Master Deg.) Type 1 (1.2 Type Bachelor Deg.)

Type 2 (2.1 Type Master Deg.) Type 2 (2.2 Type Bachelor Deg.)

Faculty Department.....

Tel. Email

Thesis Advisor name

Joint Thesis Advisor name (if any)

Thesis title

.....

Documents for consideration in accordance with the regulations are as follows: (Please check in)

1. Thesis abstract, Thai, English, and table of contents, 2 sets each.

2. Thesis, total of 5 copies, together with the advisor's signature on the cover of every set.

3. Academic transcripts from the first semester to the present, 1 set (Office of Registration and Processing)

4. English language test certificate (Registration and Processing Office)

5. Copy of the acceptance letter for publication/a copy of the presentation at the academic conference (full) or 2 copies of the published work.

6. Thesis title certificate, 1 set (Graduate Studies Affairs)

7. Academic Plagiarism Check Form (Check theses and published research results)

8. Results of the Comprehensive Examination on date month year (Graduate Studies Affairs)

9. Results of the Qualification Examination on date month year (Graduate Studies Affairs)


Signature

(.....)

Student

Date

(Please fill out the information by typing in the thesis examination request form, which can be downloaded from <https://grad-eng.kmitl.ac.th/> for accuracy and clarity)

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Section 2 Testimonials from thesis advisors

Main Thesis Advisor	Joint Thesis Advisor (if any)
<input type="radio"/> Appropriate <input type="radio"/> Not Appropriate	<input type="radio"/> Appropriate <input type="radio"/> Not Appropriate
Signature (.....) Date Month Year	Signature (.....) Date Month Year

Section 3 Comment/Signature

The course chairman sign and give opinion.


.....

Signature
 (.....)
 Date Month Year

Section 4 Academic Committee

.....

Signature
 (Asst.Prof. Dr. Kanoknuck Songsuwonkit)
 Acting Deputy Dean at School of Engineering
 Date Month Year

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Certificate of Academic work for Completion of Graduate Studies
School of Engineering King Mongkut's Institute of Technology Ladkrabang

Date Month Year

I (Prof./Assoc.Prof./Asst.Prof./Dr.)

is an thesis advisor of (Student's full name)

Student level in Program of

Certify that academic achievements (journals/conferences) for graduate

.....

which is published in a journal/conference titled

year volume page The meeting was held on

At Country

In the database ISI SJR Scopus TCI Other.....

Impact Factor =

I hereby certify that **this work is not listed in Beall's, either in any journal/academic conferences and publishers have never been published anywhere else, and not under considering for publication in other journals and that there is no duplicate content with other articles** from the date (Student name)

has submitted a request for the thesis examination to graduate studies affairs and use this article for graduation solely for (Student name)

Signature

(.....)

Advisor

Telephone no.

Note (Certify all articles used as graduation conditions)