



International College, KMITL

Certificate of the Dissertation/Thesis /Independent Study Advisor

Date:.....

Student Name (Mr./ Ms. /Mrs.):.....

Student ID:..... Email:.....

Bachelor's degree in

Master's degree in

Doctoral degree in

Advisor's Agreement:

I hereby agree to accept this student as an advisee beginning from semester..... year....., and to supervise the progress of the dissertation/ thesis/independent study and to evaluate the work once the dissertation/thesis/independent study is completed.

Principal Advisor:..... Position.....

Department:..... Faculty:.....

Signature:..... Date:.....

Co-Advisor:..... Position.....

Department:..... Faculty:.....

Signature:..... Date:.....

Associate Advisor:..... Position.....

Department:..... Faculty:.....

Signature:..... Date:.....

For Office Use Only

This agreement is not formalized until the thesis/independent study's proposal is approved by Board of International College, KMITL.

Program Director:.....

Signature:..... Date:.....

Dean of International College:.....

Signature:..... Date:.....