GS. 5



## Silpakorn University

## Request Form for Extension of Time to Edit Thesis/Independent Study

Student's Name:	Stude	ent ID:	Major:
Contact Address: No M			
Tambon/Sub-district:			
Telephone:	Mobile Phone:	E-Mai	l:
Dear Dean of the Faculty,			
Through the Chairman of the Thesis/Independent Study Review Committee,			
According to Silpakorn University regulations regarding graduate studies, students are required to complete the revision of their thesis or independent study within 45 days from the date of the thesis or independent study examination or at the time the thesis or independent study examination committee deems appropriate, but not exceeding the study period of that student.  1. First time extension: I have completed my thesis/independent study examination on date, and it will be completed within the deadline of 45 days from the day I wish to extend the time for editing the thesis/independent study. The completion should be within the date			
2. In the event that the permission for thesis/independent study editing has been granted before, which will expire on, I would like to extend the time until the date, specifying the time not exceeding the period of my			
education.			
(Justification)			
Please be informed accordingly.  (Signed)(Student)  Date			
Dear Chairman of the Thesis/Independent Stu	·	Dear Dean of Faculty	
Deems it appropriate to extend the time due to		Deems it appropriate to extend the time due to	
☐ It is not appropriate to extend the time due to		☐ It is not appropriate to extend the time due to	
rease se informed for consideration.			
(Signed) () (Main Advisor of Thesis /Independent Study ) Date		(Signed) () (Main Advisor of Thesis /Independent Study ) Date	
Faculty Staff	Faculty Secretary		Dean of Faculty
(Signed)	(Signed)		(Signed)