

Request for Thesis Proposal Approval GRADUATE SCHOOL Phranakhon Si Ayutthaya Rajabhat University www.aru.ac.th/grad

Name – Last name (Mr./Mrs./Miss)	Student's ID No
Doctor of Education (D.Ed.)	O Plan 2 O Education Administration
Title (Thai)	O Criminology, Justice Administration and Society
Title (English)	
Examination DayDateMonth_	YearTimeRoom
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S	itudent
Committee. Additional recommendations	in consonance with the recommendation of Examination
Examination chairperson's recommendations I certified that the revision has been made in consonance with the recommendation of Examination Committee. Additional recommendations	
(ion Chairperson
Approved to do Thesis Proposal	
(<u>Associate Profe</u> Dean of G	ssor Apichart Pansuwan, Ph.D.) Graduate School
Date	