

Appointment Register Form 预约老师登记

Name 名姓: _____ Major 专业: _____ Degree 学位: _____ Batch 批: _____

Advisor's Name 导师名字: _____ Online 线上 On-site 线下

1. Which Teacher[ou Y ant to Make Arr qipvment 你想预约哪位老师	
Asst. Prof. Dr. Khunanan Sukpasjaroen (Management) (管理)	
Dr. Chonlavit Sutunyarak (Management) (管理)	
Dr. Anan Pongtornkulpanich (Management) (管理)	
Asst. Prof. Dr. Theathanick Siriwoharn (Management) (管理)	
Dr. Aroonroj Boongkrong (Management) (管理)	
Dr. Krisada Daoruang (Music) (音乐)	
Teacher Nut Chiangthong (Music)(音乐)	
Dr. Manus Kaewbucha (Fine Arts) (美术)	
Dr. Wechagorn Talwanna (Fine Arts) (美术)	
Tommy 汤米 Lulu and Ji Xiaoxia 路路和姬老师 Other (if any) 其它 : _____	
2. What Kind of Content Would You Want to Discuss with Your Professor 你会想和你的教授讨论关于什么内容	
Content in chapter 1-5 内容 1 - 5 章	IOC (Consult with advisor) 跟导师讨论
Framework 框架	IOC (Distribute IOC for professor) 找专家签字**
Permission to join defense 允许参加答辩	Journal 期刊
Format 格式	Other (if any) 其它: _____
3. Defense Date: 答辩日期 Proposal 开题 _____ Progressive 中期 _____ Final 毕业 _____	

Student's Signature

Advisor's Signature

Teacher's Signature

Date: _____

Date: _____

Date: _____

**Need Advisor Signature for distribute IOC
发放 IOC 需要导师同意签字

Teacher's Part 老师部分	Accepted	Rejected	Support Officer:
Date: _____ Time: _____ Room: _____			
Tools: _____			
Remarks: _____			

