APPROVAL FORM FOR THESIS PROPOSAL

SUBMITTED TO THE EXECUTIVE BOARD OF FACULTY OF DENTISTRY, CHULALONGKORN UNIVERSITY

☐ First ☐ Second Semester of Academic Year.....

(USE CAPITAL LETTERS ONLY)

Students are not allowed to alter / change format of this form. If you do not have information for any section of the form, please leave it blank.

Name - Surname (Mr. / Mrs. / Ms.)…….……Student ID……

Department ……Field of Study……..…….…… Number of Thesis Credits……..

Level of Study ☐ Master's ☐ Doctoral

Study Program ☐ Normal ☐ International ☐ English

Enrolled Since ☐ First Semester ☐ Second Semester of Academic Year ……..……

Contact Address During Thesis Research

…….……

…….....……..Telephone Number …….....……..……..

Thesis Title (in Thai)

……..…..

(in English / Use Capital Letters Only)

……..……..

Thesis Supervisor…….. Tel……..

Co-Supervisor (If any)……...…..……...Tel.……

Signature …….…….……. Signature …….…….……..

(Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.) (……...)

Associate Dean for Graduate Studies Graduate Student

Date ……/……..…/…… Date ……/……..…/……

Signature …… Signature ……..……..……

(…….) (…….)

Thesis Supervisor Program Director

Date…… /…..…/……. Date…… /…..…/…….

(For research involving human subjects and/or animal experimentation)	
Approved by ☐ Institutional Animal Care and Use Committee Faculty of..... in the meeting No.....Date …….. / ……. / ……. as detailed in the attachment Signature..... (Head of Department/Program Director) Date ...../...../.....	☐ Human Research Ethics Committee Faculty of..... in the meeting No.....Date …….. / ……. / ……. as detailed in the attachment Signature..... (Head of Department/Program Director) Date...../...../.....
Approved by the Program Administrative Committee in the meeting No …… Date …….. / ……. / ……. Signature…… (……..…) Secretary to the Program Administrative Committee Date …….. / ……. / …….	Approved by the Executive Board of Faculty of Dentistry in the meeting No……. Date …….. / ……. / ……. Signature…… (Kittisak Thotsaporn, Ph.D) Secretary to the Executive Board of Faculty of Dentistry Date …….. / ……. / …….

APPROVAL FORM FOR THESIS PROPOSAL

SUBMITTED TO THE GRADUATE PROGRAM ADMINISTRATIVE COMMITTEE

(USE CAPITAL LETTERS ONLY)

Name - Surname (Mr. / Mrs. / Ms.)..…… Student ID ……..……

Level of Study ☐ Master's ☐ Doctoral

Department ……..……Field of Study……..……..… Number of Thesis Credits …..……..

Thesis Title (in Thai)

……..……...……...……..……..

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(in English / Use Capital Letters Only)

……..……..……..……..

……...……

Thesis Supervisor……..……...…… Tel. ……

Co-Supervisor (If Any) ……..……..……..…… Tel. …….....……...……

Objectives

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Rationale and Hypotheses

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Detailed Research Procedures and Methods

Please Draw Straight Lines in the Blank Space Numbering 1 to 18 to Represent the Lengths of Time for the Various Steps for the Conduct of Research

(Month and Year the Research Starts ……)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Expected Benefits

1. ……
   ……
2. ……
   ……
3. ……
   ……

Signature …….. Graduate Student

(……)

Date……/……/…….

REQUEST FOR APPOINTMENT OF THESIS EXAMINATION COMMITTEE

SUBMITTED TO GRADUATE PROGRAM ADMINISTRATIVE COMMITTEE AND EXECUTIVE BOARD OF FACULTY OF DENTISTRY

(USE CAPITAL LETTERS ONLY)

Name - Surname (Mr. / Mrs. / Ms.)…… Student ID ……

Level of Study ☐ Master's ☐ Doctoral

Department ……Field of Study……..……..… Number of Thesis Credits ……..

Thesis Title (in Thai)

……..……..

……..……

(in English / Use Capital Letters Only)

……..……..

……..……

List of Thesis Examination Committee Members

……..... Chairperson

……..... Thesis Supervisor

……..……..... Co-Supervisor (If Any)

…….. Member

…….. Member

…….. External Member

Signature ……..……..…….

(Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.)

Associate Dean for Graduate Studies

Date ……/……..…/……

Signature ……..……..……..

(……...)

Graduate Student

Date ……/……..…/……

Signature ……

(……..…….)

Thesis Supervisor

Date ……/……..…/……

Signature……..……..……

(……..……)

Program Director

Date……/……..…/……

Approved by the Program Administrative Committee in the meeting no. …… Date …….. / …… / ……. Signature ……. (……) Secretary to the Program Administrative Committee Date …….. / …… / …….	Approved by the Executive Board of Faculty of Dentistry in the meeting no ……Date …….. / …… / ……. Signature …… (Kittisak Thotsaporn, Ph.D) Secretary to the Executive Board of Faculty of Dentistry Date…….. / …… / …….