

**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 this 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    ☐ DoctoralStudy Program    ☐ Normal    ☐ International    ☐ EnglishEnrolled Since    ☐ First Semester    ☐ Second Semester    of Academic Year .....

Contact Address During Thesis Research

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.....Telephone Number .....

Thesis Title (in Thai)

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(in English / Use Capital Letters Only)

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Thesis Supervisor.....Tel.....

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

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 ...../...../.....

**\*\* Research that does not require approval of Ethic Committee is the sole responsibility of main thesis supervisor**

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 ..... / ..... / .....
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## **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)

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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. ....
4. ....
5. ....

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)

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.....

(in English / Use Capital Letters Only)

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.....

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..... / ..... / .....
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