

## Request Form for Changes of the Thesis/Dissertation Examination Committee Faculty of Dentistry, Chulalongkorn University

			Date/	
То	Associate Dean for (	Graduate Studies		
			ent of the Thesis Examination Committee (original set)	
	lame – Surname (Mr./ Mrs./Miss)			
Level of Study Master's Doctoral International Program Field of Study Field of Study				
	•	s been approved on/.	-	
Ιw	ish to request a char	nge to the Thesis/Dissertation	n Examination Committee. As follows	
1.	Chairperson	From original	to	
2.	Thesis Supervisor	From original	to	
3.	Co-Supervisor (If Any	r) From original	to	
4.	Member	From original	to	
5.	Member	From original	to	
6.	External Member	From original	to	
Re	ason/cause			
	Signature			
			()	
			Graduate Student	
			Date/	
Approved by the Program Administrative Committee			I acknowledge and graduate staff please proceed to the	
		on/	Faculty of Dentistry Executive Board No	
	-		on	
Signature			Signature	
()			(Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.)	
Secretary to the Program Administrative Committee			Associate Dean for Graduate Studies	
Date/			Date/	
			Approved by the Faculty of Dentistry Executive Board	
			No on on	
			NO	
			Signature	
Signature			(Kittisak Thotsaporn, Ph.D)	
()			Secretary to the Executive Board of Faculty of Dentistry	
Program Director			Date /	
Data / /			Date / /	