

**Request for appointment of Thesis Proposal Examination Committee**

Faculty of Dentistry, Chulalongkorn University

[ ] Master Degree [ ] Doctoral Degree

To Associate Dean for Graduate Studies ( C/O the Head of Department / Program Director)

Name – Surname (Mr / Mrs / Miss)..... Student ID .....

Department ..... Field of Study..... Tel. ....

Thesis proposal Title (TH) .....

(EN, Use Capital Letters Only) .....

I would like the Faculty to appoint a Thesis Proposal Examination Committee:

- 1. .... Chairperson
- 2. .... Member
- 3. .... Member
- 4. .... Member
- 5. .... Member
- 6. .... External Examiner (if applicable)

The qualifications and academic paper (Curriculum Vitae) of External Examiner have been attached / sent to graddentcu@gmail.com

Comment of the advisor (Please specify) .....

Signature.....

Signature.....

(.....)

(.....)

Graduate Student

Advisor

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

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

To Associate Dean for Graduate Studies,  
For your consideration

Thesis Proposal Examination Committee approved by the Program Administrative Committee in the meeting No. .... Date ..... / ..... / ..... , with reference to Chulalongkorn University Graduate Studies Regulations 2018, comprising of no less than 3 members **and** [ ] formed by the Program Committee; or [ ] for a particular thesis/dissertation proposal, appointed by the Program Committee.

Signature.....

(.....)

Head of Department / Program Director

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

<p><b>To Graduate Studies Officer</b></p> <p>Please issue an order to appoint the thesis proposal examination committee.</p>	<p>[ ] Proceed accordingly</p> <p>[ ] Should be revised in detail as follows.....</p> <p>Signature .....</p> <p>(Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.)</p> <p>Associate Dean for Graduate Studies</p> <p>Date ...../...../.....</p>
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**Remark** 1. Form 1.1 and 1.2 must be submitted to the graduate office at least 2 weeks prior to examination  
2. Student make a copy of document to the Department / Program staffs.