

Request Form For Thesis Proposal Examination

Faculty of Dentistry, Chulalongkorn University

[] Master Degree [] Doctoral Degree

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

File Attachment 1. Thesis proposal examination committee

Name - Surname..... Student ID

Department Field of Study..... Tel.

I have made an appointment with the thesis proposal examination committee and informed the Secretary to the Program Administrative Committee that my thesis proposal examination is scheduled on Date...../...../..... Time at (Please specify room number, floor and building name)

[] Department [] Meeting organization and Public Relation Section

I would like the Department / Program to issue invitation letters to the following thesis proposal examination committee (File Attachment) In case of External Examiner, Please specify.....

1.(External Examiner)..... [] External examiner him/herself [] Superior to external examiner (Please specify position, organization.....)

2.(External Examiner)..... [] External examiner him/herself [] Superior to external examiner (Please specify position, organization.....)

Please proceed accordingly and I will take invitation letters in person and hand them out directly to the thesis proposal examination committee one week after submission of this form.

Best Regards,

Signature
(.....)

Graduate Student

Thesis Supervisor's Comment Signature..... (.....)	Head of Department/ Program Director's Comment Signature..... (.....)
To Associate Dean for Graduate Studies Please issue the invitation letter to the external examiner of the thesis proposal examination committee.	[] Proceed accordingly [] Should be revised in detail as follows..... Signature (Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.) Associate Dean for Graduate Studies Date/...../.....

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.