

Name-SurnameProgram..... Field of Study.....

Chulalongkorn University Regulation, 2018		Fill ✓ As per verification from Supervisor/ Student	Fill ✓ As per verification from Staff of Graduate
Number of Examination Committee	Not less than 3 persons Ex. Chairperson + Thesis Supervisor + External Expert or Chairperson (External Expert) + Thesis Supervisor + Member (Faculty Member) (Supervisor and Co-Supervisor shall be counted as one)		
1. Chairperson Name	1. Head of Program or Head's representative and 2. Not be a Thesis Supervisor/ Co-Supervisor and <u>In case of Curriculum Instructor/ Full-time Lecturer</u> 1. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree and 2. Have an academic works* at least 3 works in last 5 years With at least 1 research paper <u>In case of External Scholar</u> 1. Holding a Doctoral degree/ Equivalent and 2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers of international level with not less than 5 papers Which fit/ related with Thesis/ IS topic (Compliant to combine like 6 national papers + 2 international papers)		
2. Thesis/ IS Supervisor Name	1. Be a Curriculum Instructor (In name list of ๓๓๖.2/ add on in ๓๓๖.08 list) and 2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree and 3. Have an academic works* at least 3 works in last 5 years with at least 1 research paper		
2.1 Co-Supervisor (If Applicable) Name	<u>In case of Faculty Member</u> 1. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ 2. Have an academic works* at least 3 works in last 5 years with at least 1 research paper <u>In case of External Scholar</u> 1. Holding a Doctoral degree/ Equivalent and 2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers of international level with not less than 5 papers Which fit/ related with Thesis/ IS topic (Compliant to combine like 6 national papers + 2 international papers)		
3. Member (External Expert) Name	1. Holding a Doctoral degree/ Equivalent and 2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers of international level with not less than 5 papers Which fit/ related with Thesis/ IS topic (Compliant to combine like 6 national papers + 2 international papers)		
4. Member (If Applicable) Name	1. Be a Curriculum Instructor (In name list of ๓๓๖.2/ add on in ๓๓๖.08 list) or Faculty Member and 2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent + Have an academic works*at least 3 works in last 5 years with at least 1 research paper		
5. Member (If Applicable) Name	1. Be a Curriculum Instructor (In name list of ๓๓๖.2/ add on in ๓๓๖.08 list) or Faculty Member and 2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent + Have an academic works*at least 3 works in last 5 years with at least 1 research paper		

*Academic works should not be the part of study for a degree and should be published as per regulation of consideration for appointing an academic position

In case of new Lecturer with Ph.D. Even Lecturer doesn't have any academic paper after graduated but to be qualified as an Thesis Supervisor or Examiner for M.Sc. or D.S., Lecturer should have academic paper at least 1 paper within 2 years or 2 papers within 4 years or 3 papers within 5 years

In case of External Scholar which doesn't match the qualification of degree/ academic works as stated should be appointed as a spexcialist with admitted experience which related to Thesis/ IS topic by approval from university and informed to OHEC

Documents	Criteria/ Details	Student and Supervisor Verification	Graduation School Verification
1. Memorandum from Department/	Number of letter from Department/ Program + Signature of Head of Department/ Head of Curriculum		
2. Approval form for Thesis proposal, Approval form for Thesis outline, and Proposal form for examination committee (1.3)	1. Corrected Thesis topic for both Thai + English languages in every pages 2. Completed form/ information (Semester, Student ID., Program, Field of Study, Thesis credits) 3. Name-Surname + academic position of examination committee 4. Specify time and date which qualified from the curriculum management committee + signature of programs secretary 5. Specify time and date which qualified with ethical review (if Any)		
3. Research ethical review (If experiment in human/ animal)	Name of topic in document is matched with form 1.3		
4. Report of Thesis proposal test	Name of topic in document/ corrected name from committee is matched with every pages of form 1.3		
5. CV of examination committee	Attached CV of every examination committee followed by form 1.3		
6. Form 1.3 and examination committee CV files	Send word files of form + examination committee's CV at gradentcu@gmail.com		
7. Request for Thesis proposal in Thesis	https://lthesis.grad.chula.ac.th/ Specify name of topic in both Thai-English languages and lists of examination committee to be the same as documents		

Certified correct information by Chulalongkorn University Regulation, 2018

Student

(.....)/...../.....

Supervisor

(.....)/...../.....

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 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)

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(in English / Use Capital Letters Only)

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

**** 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	Approved by the Executive Board of Faculty of Dentistry in the meeting No. Date / / Signature
(.....) Secretary to the Program Administrative Committee Date / /	(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)
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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

DepartmentField 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 noDate / /
Signature
(Kittisak Thotsaporn, Ph.D)
Secretary to the Executive Board of Faculty of Dentistry
Date..... / /