Request Form For Thesis Proposal Examination

Faculty of Dentistry, Chulalongkorn University (LISE CAPITAL LETTERS ONLY)

(USE CAPITA	AL LETTERS ONLY)
[] Master Degree	[] Doctoral Degree
To Associate Dean for Graduate Studies (C/O the	Head of Department / Program Director)
File Attachment 1. Thesis proposal examination com	mittee
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 th	
Date Time at (P	
building name)	and the room has already been reserved via
[] Department [] Meeting organization and Public I	Relation Section
I would like the Department / Program to issu	ue invitation letters to the following thesis proposal
examination committee (File Attachment) In case of E	xternal Examiner, Please specify
1[] External Examiner)[] External e	xaminer him/herself [] Superior to external examiner
(Please specify position, organization)
	xaminer him/herself [] Superior to external examiner
(Please specify position, organization)
	Best Regards,
	Signature
	()
	Graduate Student
Thesis Supervisor's Comment	Head of Department/ Program Director's Comment
Signature	Signature
()	(
To Associate Dean for Graduate Studies	[] Proceed accordingly
Please issue the invitation letter to the external	[] Should be revised in detail as follows
examiner of the thesis proposal examination	[] Should be revised in detail as follows
	Signature
committee.	-3
	(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.