

Request for appointment of Thesis Proposal Examination Committee

Faculty of Dentistry, Chulalongkorn University

(USE CAPITAL LETTERS ONLY)

[] 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

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

To Graduate Studies Officer

Proceed accordingly

Please issue an order to appoint the thesis proposal examination committee.

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.