

**Request Form For Thesis Proposal Examination**

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)

**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) .....and the room has already been reserved via  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

<p style="text-align: center;">Thesis Supervisor's Comment</p> <p>.....</p> <p>Signature.....</p> <p style="text-align: center;">(.....)</p>	<p style="text-align: center;">Head of Department/ Program Director's Comment</p> <p>.....</p> <p>Signature.....</p> <p style="text-align: center;">(.....)</p>
<p><b>To Associate Dean for Graduate Studies</b></p> <p>Please issue the invitation letter to the external examiner of the thesis proposal examination committee.</p>	<p><input type="checkbox"/> Proceed accordingly</p> <p><input type="checkbox"/> Should be revised in detail as follows.....</p> <p>Signature .....</p> <p style="text-align: center;">(Professor Thanaphum Osathanon, D.D.S., Ph.D.)</p> <p style="text-align: center;">Associate Dean for Academic Affairs and Graduate Studies</p> <p style="text-align: center;">Date ...../...../.....</p>

**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.