

Request Form for Checking a Conference Proceedings Graduate Level Faculty of Dentistry

Dear Associate Dean for Academic Affairs and Graduate Studies	
Name/Surname Student ID Academic Level	
Department	
Field of study would like to request the Graduate Studies Office considerable and the Graduate Studies Of	er the
institution's Conference	
Title of Conference	
[] National level : There is a conference committee or editorial team comprise experts from many institution least 25% from other institutions other than the host institution, or no more than 75% from the same in conference host rotates among many institutions	nstitution, or the
[] International level : There is a conference committee or editorial team comprise experts from many countries	at least 25% of
foreigners or the conference host rotates among many foreign institutions	
[] National level and international level (Complete the criteria at both levels)	
[] Related to the field of study [] Not related to the field of study	
[] Conferred Proceedings Report	
Referencing websites	
Appendix	
1. List of conference committees or experts considering articles	
(Graduate's Signature)	
()	
This has been approved by the advisor and the head of the department/Program Director	
(Advisor's Signature)	
()/	
(Head of Department's Signature)	
()	
Note: Conforming to Chulalongkorn University's publication rules for academic journals, printed materials, and conference p	roceedings
http://www.grad.chula.ac.th/download/files/journal_auditors.pdf	
Checking by Graduate Staff	
[] According to the criteria of the university [] Not according to the criteria of the university	
[] Other Comments	
(Signature)	
()	
To Associate Dean for Academic Affairs and Graduate Studies, For your consideration	
[] Eligible to participate [] Ineligible to participate	
[] Other Comments	
(Cianatura)	
(Professor Thananhum Osathanan D.D.S. Dh.D.)	
(Professor Thanaphum Osathanon, D.D.S., Ph.D.) Associate Dean for Academic Affairs and Graduate Studies	
/	