

Name-Surname Program Field of Study

Chulalongkorn University Regulation, 2018		Fill ✓ As per verification from Supervisor/ Student	Fill ✓ As per verification from Staff of Postgraduate Education
Number of Examination Committees	<p>Not less than 3 persons</p> <p>Ex. Chairperson + Thesis Supervisor + External Expert or</p> <p>Chairperson (External) + Thesis Supervisor + Member (Internal)</p> <p>(Supervisor and Co-Supervisor shall be counted as one)</p>		
1. Chairperson Name	<p>1. Head of Program or Head's representative and</p> <p>2. Not be a thesis supervisor or co-supervisor and</p>		
	<p>In case of Curriculum Instructor/ Full-time lecturer</p> <p>1. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree and</p> <p>2. Have an academic record* of at least 3 works in the last 5 years.</p> <p>With at least one research paper</p>		
	<p>In case of External Scholar</p> <p>1. Holding a Doctoral degree/ Equivalent and</p> <p>2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers or international level with not less than 5 papers Which fit/ related with Thesis/ IS topic</p>		
2. Thesis/ IS Supervisor Name	<p>1. Curriculum Instructor (In list of มคอ.2/ add on in สมอ.08 list) and</p> <p>2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree and</p> <p>3. Have an academic record* of at least 3 works in the last 5 years. With at least one research paper</p>		
2.1 Co-Supervisor (If Applicable) Name	<p>In case of Faculty Member</p> <p>1. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent and</p> <p>2. Have an academic record* of at least 3 works in the last 5 years. With at least one research paper</p>		
	<p>In case of External Scholar</p> <p>1. Holding a Doctoral degree/ Equivalent and</p> <p>2. Have a published academic paper in journal/ Have a name in database in the national level not less 10 papers or international level with not less than 5 papers Which fit/ related with Thesis/ IS topic</p>		
3. Member (External Expert)	<p>1. Holding a Doctoral degree/ Equivalent and</p> <p>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</p>		
4. Member (If Applicable) Name	<p>1. Be a Curriculum Instructor (In name list of มคอ.2/ add on in สมอ.08 list) or Faculty Member and</p> <p>2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent + Have an academic record* of at least 3 works in the last 5 years. With at least one research paper</p>		
5. Member (If Applicable) Name	<p>1. Be a Curriculum Instructor (In name list of มคอ.2/ add on in สมอ.08 list) or Faculty Member and</p> <p>2. Holding a Doctoral degree/ Equivalent or Assoc. Prof. with not less the Master's degree/ Equivalent + Have an academic record* of at least 3 works in the last 5 years. With at least one research paper</p>		

*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 a Thesis Supervisor or Examiner for M.Sc. or Ph.D., Lecturer should have academic paper at least 1 paper within 2 years **or** 2 papers within 4 years **or** 3 papers within 5 year.

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

Documents	Criteria/ Details	Fill ✓ As per verification from Supervisor/ Student	Fill ✓ As per verification from Staff of Postgraduate
1. Memorandum from Department/ Program	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 and English languages on every page 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. Request for Thesis proposal in IThesis	https://ithesis.grad.chula.ac.th/ Specify name of topic in both Thai-English languages and lists of examination committee to be the same as documents		
7. Study Report (CR60) and Student registration results (CR54)	Since the first semester until the present		
8. Letter of Consent for all External Committees	The external committee of the university completes the form and signs it.		

Certified correct information by Chulalongkorn University Regulation, 2018

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

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

APPROVAL FORM FOR THESIS PROPOSAL AND APPOINTMENT OF THESIS

EXAMINATION COMMITTEE

Submitted to The Executive Board of Faculty of Dentistry, Chulalongkorn University

Semester.....Academic Year.....

(USE CAPITAL LETTERS ONLY)

* Students are not allowed to amend or change the format of this form. If you do not have information for any section of the form, please leave it blank. *

Name - Surname (Mr. / Mrs. / Ms.) Student ID

Phone Email

Department Field of Study.....

Number of credits registered for the first semester until present/credit of program structure

1. Thesis...../.....Credits

2. Required subject...../.....Credits

3. Elective subject...../.....Credits

Level of Study Master of Science

Study plan Plan A type A(1)

Plan A type A(2)

Doctor of Philosophy

Study plan Plan 1.1.

Plan 1.2

(Applicant with M.S., Dissertation)

(Applicant with B.Sc., Dissertation)

Plan 2.1 (Applicant with M.S.,

Plan 2.2 (Applicant with B.Sc.,

Course-work and Dissertation)

Course-work and Dissertation)

Study Program Normal

International

Enrolled Since First Semester

Second Semester of Academic Year

Thesis Title

(Thai)

(English / Use Capital Letters Only)

Objectives

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Summary (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 in 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 from this research

1.
2.
3.

Signature Graduate Student
 (.....)
 Date/...../.....

*Research that **does require** consideration by a human ethics committee and/or experimental animals is at the discretion and responsibility of the thesis advisor.

A. (In the case that the thesis work must study human studies and/or the use of experimental animals.)	
<p>Approved by <input type="checkbox"/> Institutional Animal Care and Use Committee Faculty of</p> <p>The meeting No.....Date.....as detailed in the attachment</p> <p>Comment</p>	<p>Approved by <input type="checkbox"/> Human Research Ethics Committee Faculty of</p> <p>The meeting No.....Date.....as detailed in the attachment</p> <p>Comment</p>

*Research that **does not require** consideration by a human ethics committee and/or experimental animals is at the discretion and responsibility of the thesis advisor.

B. (In the case that the thesis work does not require human studies and/or the use of experimental animals.)	
<p>B. 1 Advisor's opinion</p> <p><input type="checkbox"/> The thesis advisor agreed that there was no need to conduct experiments on humans and/or animals. Comment</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">(.....)</p> <p style="text-align: center;">Thesis Supervisor</p> <p style="text-align: center;">...../...../.....</p>	<p style="text-align: center;">and</p> <p>B. 2 Associate Dean for Academic Affairs and Graduate Studies 's opinion after considering the thesis proposal</p> <p><input type="checkbox"/> This thesis work must require ethical consideration. <input type="checkbox"/> This thesis work does not require ethical consideration.</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">(.....)</p> <p style="text-align: center;">(Associate Dean for Academic Affairs and Graduate Studies)</p> <p style="text-align: center;">...../...../.....</p>

List of Thesis Examination Committee Members

- Chairperson
- Thesis Supervisor
- Co-Supervisor (If Any)
- Member
- Member
- Member
- External Member

Signature

(.....)

Graduate Student

Date / /

Signature

(.....)

Thesis Supervisor

Date / /

Signature

(.....)

Head of department / Program Director

Date / /

Signature

(Professor Thanaphum Osathanon, D.D.S., Ph.D.)

Associate Dean for Academic Affairs and Graduate Studies

Date / /

This was approved by the meeting in the following order:

1. The program committee at the meeting No Date / /
2. The faculty board at the meeting No Date / /



Students must attach documents containing the following:

1. Evaluation of the thesis proposal examination
2. Results of ethical considerations for research in human's / laboratory animals
3. CV of examination committee (Academic works should not be the part of study for a degree)
4. Letter of Consent for all External Committees



แบบฟอร์มยินยอมให้ข้อมูล (Letter of Consent)

เรียน คณบดีคณะทันตแพทยศาสตร์

(Dear Dean, Faculty of Dentistry)

ข้าพเจ้า (I) Full Name TH _____

Full Name EN _____

เลขที่บัตรประชาชน Citizen ID / Passport _____

อีเมล Email _____

หน่วยงานต้นสังกัด Affiliation _____

ข้าพเจ้ายินยอมให้ข้อมูลข้างต้นสำหรับเพิ่มเข้าโปรแกรมการบริหารจัดการวิทยานิพนธ์ (iThesis) เพื่อปฏิบัติหน้าที่เป็นคณะกรรมการสอบวิทยานิพนธ์ของนิสิตคณะทันตแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย เท่านั้น

I consent to the above information being added to the thesis management program (iThesis), perform duties as a thesis examination committee for students in the Faculty of Dentistry, Chulalongkorn University only.

ชื่อ-นามสกุลนิสิต (First-Surname Student) _____

หลักสูตร (Department) _____ สาขาวิชา (Field of Study) _____

ลงนาม(Signed)

(.....)

ผู้ยินยอมให้ข้อมูล (Consenter)

วันที่ (Date).....

สอบถามข้อมูล (Contact) ฝ่ายบัณฑิตศึกษา (Graduate Studies Division) 02-218-9036

Email: graddentcu@gmail.com