

## Request Form for Changes of the Thesis/Dissertation Examination Committee Faculty of Dentistry, Chulalongkorn University

	Date/
To Associate Dean for Academic Affairs and Gradua	ate Studies
File Attachment 1. Announcement of the appointment of the Thesis Examination Committee (original set)	
Name – Surname (Mr./ Mrs./Miss)	Student ID
<b>Level of Study</b> ☐ Master's ☐ Doctoral ☐ Intern	ational Program Field of Study
The thesis proposal has been approved on/	
2. Thesis Supervisor From original	to
3. Co-Supervisor (If Any) From original	to
4. Member From original	to
5. Member From original	to
6. External Member From original	to
Reason/cause	
Signature	
()	
Graduate Student	
	Date/
Approved by the Program Administrative Committee	I acknowledge and graduate staff please proceed to the
in the meeting Noon//	Faculty of Dentistry Executive Board No
	on
Signature	Signature
()	(Prof. Thanaphum Osathanon, D.D.S., Ph.D.)
Secretary to the Program Administrative Committee	Associate Dean for Academic Affairs and Graduate Studies
Date/	Date/
	Approved by the Faculty of Dentistry Executive Board
	No on
Signature	
()	Signature
Program Director	(Kittisak Thotsaporn, Ph.D)
Date/	Secretary to the Executive Board of Faculty of Dentistry
	Date / /