

**Request for appointment of Thesis Proposal Examination Committee**

Faculty of Dentistry, Chulalongkorn University

(USE ONLY TYPOGRAPHY)

[ ] Master of Science Degree [ ] Doctor of Philosophy Degree

To Associate Dean for Academic Affairs and Graduate Studies (via Head of Department/Program Director)

Name – Surname (Mr / Mrs / Miss) ..... Student ID .....

Department ..... Field of Study ..... Email .....

Thesis proposal Title (TH) .....

.....  
(EN, Use Capital Letters Only) .....

I would like the Faculty to appoint a Thesis Proposal Examination Committee, detailed as below:

		External Scholar	Full-time lecturer at the University
1.	Chairperson	<input type="checkbox"/>	<input type="checkbox"/>
2.	Committee	<input type="checkbox"/>	<input type="checkbox"/>
3.	Committee	<input type="checkbox"/>	<input type="checkbox"/>
4.	Committee	<input type="checkbox"/>	<input type="checkbox"/>
5.	Committee	<input type="checkbox"/>	<input type="checkbox"/>
6.	Committee	<input type="checkbox"/>	<input type="checkbox"/>
7.	Committee	<input type="checkbox"/>	<input type="checkbox"/>

The qualifications and academic paper (curriculum vitae) of External Scholar have been attached via lesspaper system already.

Comment of the advisor (Please specify) .....

Signature.....  
(.....)

Signature.....  
(.....)

Graduate Student  
...../...../.....

Advisor  
...../...../.....

To Associate Dean for Academic Affairs and 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, 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 Acad...

**To Academic Affairs and Graduate Studies officer**

Please issue an order to appointment of thesis proposal  
examination committee.

Proceed accordingly

Should be revised in detail as follows: \_\_\_\_\_

Signature \_\_\_\_\_

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

Associate Dean for Academic Affairs

and Graduate Studies

**Remark** Students must be prepared to submit the complete thesis proposal examination committee appointment form (Thesis Proposal Examination 1.1 and 1.2) to department/program officer at least two weeks before the thesis proposal examination date.