

Request Form for Thesis Proposal Examination

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

I have scheduled an appointment with the thesis proposal examination committee and informed the secretary of the Program Administrative Committee that my thesis proposal examination has been scheduled for Date / / Time at (Please specify room number, floor and building name) and the room has already been reserved via Department/Program

I kindly request that the Academic Affairs and Graduate Studies Department issue invitation letters to each committee of the thesis proposal examination committee listed in the attached file.

If an external scholar from outside the faculty or university participates, please provide additional details. detail as below,

1. Name [] External examiner him/herself [] Superior to external examiner
(Please specify position, organization.....)
2. Name [] External examiner him/herself [] Superior to external examiner
(Please specify position, organization.....)

Best Regards,

Signature

(.....) _____

Graduate Student

Thesis Advisor Comment Signature (.....)	Head of Department/ Program Director's Comment Signature (.....)
To Academic Affairs and Graduate Studies officer Please issue the invitation letter to the external examiner of the 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 1. 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.**