

Request for appointment of Thesis Proposal Examination Committee

Faculty of Dentistry, Chulalongkorn University

[] Master Degree [] Doctoral Degree

To Associate Dean for Graduate Studies (C/O the Head of Department / Program Director)

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

Department Field of Study..... Tel.

Thesis proposal Title (TH)

(EN, Use Capital Letters Only)

I would like the Faculty to appoint a Thesis Proposal Examination Committee:

- 1. Chairperson
- 2. Member
- 3. Member
- 4. Member
- 5. Member
- 6. External Examiner (if applicable)

The qualifications and academic paper (Curriculum Vitae) of External Examiner have been attached / sent to graddentcu@gmail.com

Comment of the advisor (Please specify)

Signature.....

Signature.....

(.....)

(.....)

Graduate Student

Advisor

...../...../.....

...../...../.....

To Associate Dean for 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 2018, 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

...../...../.....

<p>To Graduate Studies Officer</p> <p>Please issue an order to appoint the thesis proposal examination committee.</p>	<p>[] Proceed accordingly</p> <p>[] Should be revised in detail as follows.....</p> <p>Signature</p> <p>(Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.)</p> <p>Associate Dean for Graduate Studies</p> <p>Date/...../.....</p>
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Remark 1. Form 1.1 and 1.2 must be submitted to the graduate office at least 2 weeks prior to examination
2. Student make a copy of document to the Department / Program staffs.