

Request Form For Thesis Proposal Examination

Faculty of Dentistry, Chulalongkorn University

[] Master Degree [] Doctoral Degree

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

File Attachment 1. Thesis proposal examination committee

Name - Surname..... Student ID

Department Field of Study..... Tel.

I have made an appointment with the thesis proposal examination committee and informed the Secretary to the Program Administrative Committee that my thesis proposal examination is scheduled on Date...../...../..... Time at (Please specify room number, floor and building name)

[] Department [] Meeting organization and Public Relation Section

I would like the Department / Program to issue invitation letters to the following thesis proposal examination committee (File Attachment) In case of External Examiner, Please specify.....

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

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

Please proceed accordingly and I will take invitation letters in person and hand them out directly to the thesis proposal examination committee one week after submission of this form.

Best Regards,

Signature
(.....)

Graduate Student

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| Thesis Supervisor's Comment Signature..... (.....) | Head of Department/ Program Director's Comment Signature..... (.....) |
| To Associate Dean for Graduate Studies 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 (Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.) Associate Dean for Graduate Studies Date/...../..... |
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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.