



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

Date/...../.....

To Associate Dean for Graduate Studies

File Attachment 1. Announcement of the appointment of the Thesis Examination Committee (original set)

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

Level of Study Master’s Doctoral International Program **Field of Study**.....

The thesis proposal has been approved on/...../.....

I wish to request a change to the Thesis/Dissertation Examination Committee. As follows

1. Chairperson From original to
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/...../.....

<p>Approved by the Program Administrative Committee in the meeting No.on/...../.....</p> <p align="center">Signature</p> <p align="center">(.....)</p> <p align="center">Secretary to the Program Administrative Committee</p> <p align="center">Date/...../.....</p>	<p>I acknowledge and graduate staff please proceed to the Faculty of Dentistry Executive Board No..... on.....</p> <p align="center">Signature.....</p> <p align="center">(Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.)</p> <p align="center">Associate Dean for Graduate Studies</p> <p align="center">Date/...../.....</p>
<p align="center">Signature</p> <p align="center">(.....)</p> <p align="center">Program Director</p> <p align="center">Date/...../.....</p>	<p>Approved by the Faculty of Dentistry Executive Board No..... on.....</p> <p align="center">Signature</p> <p align="center">(Kittisak Thotsaporn, Ph.D)</p> <p align="center">Secretary to the Executive Board of Faculty of Dentistry</p> <p align="center">Date / /</p>