

REQUEST FORM FOR THESIS EXAMINATION

FACULTY OF DENTISTRY, CHULALONGKORN UNIVERSITY

First Second Semester of Academic Year.....

(USE CAPITAL LETTERS ONLY)

To Associate Dean for Graduate Studies

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

Level of Study Master’s () Plan A1 () Plan A2 Doctoral () Scheme 1.1 () Scheme 1.2 () Scheme 2.1 () Scheme 2.2

Field of Study.....

1. I have evidence certifying that I have registered for all the courses required by the Program: total number of credits.....
(Include Thesis/Dissertation credits)

() CR 54 and () CR 60 Signed to certify by Thesis Advisor/Head of Department/Program Director **and**

2. My thesis title has been approved on date...../...../.....which is no less than 60 days before the day of the examination
() Not Revised () Revised Thesis title () Revised Thesis examination committee **and**

3. My draft thesis has been approved from Thesis Supervisor from iThesis program on date...../...../.....
which is no less than 2 weeks before the day of examination **and**

4. I have an evidence/attachment certifying that: research article which is part of my thesis
() has been published () has been accepted to be published () has been submitted for publication
in () national () international academic journal /publication (Please name).....
or () I have been accepted to be presented in academic conference (Please name).....

5. Thesis title from iThesis program
(In Thai).....

(In English / Use Capital Letters Only).....

6. I have made an appointment with the thesis defense examination committee and informed the Secretary to the
Program Administrative Committee that my thesis examination is scheduled on date /...../..... Time
at

I have reserved the room from on date..... /...../.....

I would like the faculty to issue invitation letters to the following thesis examination committee:

- Chairperson
- Thesis Supervisor
- Co-Supervisor (If Any)
- Member
- Member
- External Member*

*Address the invitation letter to [] Superior to external member..... [] External member
him/herself

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

Please proceed accordingly, Signature..... (.....) Graduate Student Date/...../.....	Signature (.....) Thesis Supervisor Date/...../.....
Signature (.....) Program Director Date/...../.....	I acknowledged and the Graduate Studies Officer please proceed, Signature (Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.) Associate Dean for Graduate Studies Date/...../.....