

APPROVAL FORM FOR THESIS PROPOSAL

SUBMITTED TO THE EXECUTIVE BOARD OF FACULTY OF DENTISTRY, CHULALONGKORN UNIVERSITY

First Second Semester of Academic Year.....

(USE CAPITAL LETTERS ONLY)

Students are not allowed to alter / change format of this form. If you do not have information for any section of the form, please leave it blank.

Name - Surname (Mr. / Mrs. / Ms.).....Student ID.....

DepartmentField of Study..... Number of Thesis Credits.....

Level of Study Master's Doctoral

Study Program Normal International English

Enrolled Since First Semester Second Semester of Academic Year

Contact Address During Thesis Research

.....

.....Telephone Number

Thesis Title (in Thai)

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(in English / Use Capital Letters Only)

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Thesis Supervisor..... Tel.....

Co-Supervisor (If any).....Tel.....

Signature

Signature

(Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.)

(.....)

Associate Dean for Graduate Studies

Graduate Student

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

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

Signature

Signature

(.....)

(.....)

Thesis Supervisor

Program Director

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

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

(For research involving human subjects and/or animal experimentation)	
Approved by <input type="checkbox"/> Institutional Animal Care and Use Committee Faculty of..... in the meeting No.....Date / / as detailed in the attachment Signature..... (Head of Department/Program Director) Date/...../.....	<input type="checkbox"/> Human Research Ethics Committee Faculty of..... in the meeting No.....Date / / as detailed in the attachment Signature..... (Head of Department/Program Director) Date...../...../.....
Approved by the Program Administrative Committee in the meeting No Date / / Signature..... (.....) Secretary to the Program Administrative Committee Date / /	Approved by the Executive Board of Faculty of Dentistry in the meeting No..... Date / / Signature..... (Kittisak Thotsaporn, Ph.D) Secretary to the Executive Board of Faculty of Dentistry Date / /

APPROVAL FORM FOR THESIS PROPOSAL

SUBMITTED TO THE GRADUATE PROGRAM ADMINISTRATIVE COMMITTEE

(USE CAPITAL LETTERS ONLY)

Name - Surname (Mr. / Mrs. / Ms.)..... Student ID

Level of Study Master's Doctoral

Department Field of Study..... Number of Thesis Credits

Thesis Title (in Thai)
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(in English / Use Capital Letters Only)
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Thesis Supervisor..... Tel.

Co-Supervisor (If Any) Tel.

Objectives
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Rationale and Hypotheses
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Detailed Research Procedures and Methods

Please Draw Straight Lines in the Blank Space Numbering 1 to 18 to Represent the Lengths of Time for the Various Steps for the Conduct of Research

(Month and Year the Research Starts)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Expected Benefits

1.
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2.
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3.
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Signature Graduate Student

(.....)

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

REQUEST FOR APPOINTMENT OF THESIS EXAMINATION COMMITTEE

SUBMITTED TO GRADUATE PROGRAM ADMINISTRATIVE COMMITTEE AND EXECUTIVE BOARD OF FACULTY OF DENTISTRY
(USE CAPITAL LETTERS ONLY)

Name - Surname (Mr. / Mrs. / Ms.)..... Student ID

Level of Study Master's Doctoral

DepartmentField of Study..... Number of Thesis Credits

Thesis Title (in Thai)

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(in English / Use Capital Letters Only)

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List of Thesis Examination Committee Members

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

Signature
(Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.)
Associate Dean for Graduate Studies
Date/...../.....

Signature
(.....)
Graduate Student
Date/...../.....

Signature
(.....)
Thesis Supervisor
Date/...../.....

Signature.....
(.....)
Program Director
Date...../...../.....

Approved by the Program Administrative Committee in the meeting no. Date / / Signature (.....) Secretary to the Program Administrative Committee Date / /	Approved by the Executive Board of Faculty of Dentistry in the meeting noDate / / Signature (Kittisak Thotsaporn, Ph.D) Secretary to the Executive Board of Faculty of Dentistry Date..... / /
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