



Chulabhorn Graduate Institute

THESIS PROPOSAL TITLE FOR APPROVAL

Semester..... Academic year

Office of Academic
Receipt No.....
Date Receipt.....
Time.....
Receiver.....

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Student ID

①

Student Name Mr./Miss/Mrs.....

Program of study.....

E-mail

Number of Thesis Credits Credits

Contact Address during Thesis Research

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..... Telephone

Thesis Title (in English) (Use Capital Letters Only)

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Thesis Advisor

Thesis Co-Advisor (if any)

Signature

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

② Advisor's comment

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Signature

(.....)

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

③ Chairperson of the Program Management Committee's comment

Approved Disapproved

.....

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Signature

(.....)

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

④ Director / Institute Registrar's comment

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Signature

(.....)

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