



Chulabhorn Graduate Institute

**FORM TO REQUEST FOR THESIS PROPOSAL  
DEFENSE EXAMINATION**

Semester..... Academic Year .....

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

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

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Student ID

Program of study.....

E-mail .....

Number of Thesis Credits ..... Credits

Please specify the semester and academic year in which the student first enrolls for thesis: Semester.....

Academic Year .....

Date of Passing Qualifying Examination (d/m/y) .....

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

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I already submitted this form to the Academic Office together with 5 copies of the Thesis Proposal.

Signature .....

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② Thesis Proposal Advisor's comment		
Approval	Examination Date/ Time/ Venue	Signature /Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ..... Time: ..... Venue: ..... .....	..... (.....) ...../...../.....