

Chulabhorn Graduate Institute



FORM TO REQUEST FOR CHANGE THESIS TITLE

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

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

1

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

Student ID

Program of study.....

E-mail ..... Number of Thesis Credits ..... Credits

Date of approval of the thesis title (d/m/y) .....

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

Request to change Thesis Title as follows:

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

Reason to change thesis title

Signature .....
...../...../.....

2 Thesis Advisor's comment

Signature .....
(.....)
...../...../.....

3 Chairperson of the Program Management Committee's comment

Approved Disapproved

Signature .....
(.....)
...../...../.....