



Chulabhorn Graduate Institute

**FORM TO REQUEST FOR THESIS/DISSERTATION
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

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

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

.....

I hereby declare that I have completed all requirements in accordance with CGI Regulations for Graduate Education as follows:

1. Required Courses Credits, GPAX
2. Submitted scores from required tests Passed the English Proficiency Examination
3. Comprehensive Examination Qualifying Examination
4. Date of approval of the thesis proposal (d/m/y)
5. Five copies of complete thesis/dissertation as advised by the committee are attached.

Thesis/Dissertation Advisory Committee

Thesis Advisor

Thesis Co-Advisor

Thesis Co-Advisor

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

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