



CHULABHORN ROYAL ACADEMY

Chulabhorn Graduate Institute

T 01

THESIS PROPOSAL TITLE FOR APPROVAL

Office of Academic Support Division
Date Receipt.....
Time.....
Receiver.....

Semester..... Academic Year

1

Student's Name (Mr./Ms./Mrs.).....

Student ID grid

Student ID

Program of Study.....

Master Doctoral

E-mail

Contact Address during Thesis Research

.....

..... Telephone

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

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.....

Thesis Advisor

Thesis Co-Advisor (if any)

Student's Signature.....

(.....)

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

Advisor's Signature

(.....)

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

2 Comment of Program Director

Approved Not Approved

Signature

(.....)

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