



CHULABHORN ROYAL ACADEMY

Chulabhorn Graduate Institute

REQUEST FOR THESIS PROPOSAL EXAMINATION

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

Semester..... Academic Year

1

Student ID grid

Student ID

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

Program of study.....

Master Doctoral

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) (Ph.D. only)

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

Request for Thesis Proposal Examination Date.....Time.....

Venue.....

Student's Signature.....

(.....)

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

2 Thesis Advisor's Approval

Approved Not Approved

Signature

(.....)

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