



CHULABHORN ROYAL ACADEMY

Chulabhorn Graduate Institute

REQUEST FOR APPOINTING COMMITTEES OF THESIS PROPOSAL EXAMINATION

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

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

To Program Director of [] ABS [] CS [] ET

I am, Thesis Advisor of..... (student name), student ID

who is studying for a [] Master [] Doctoral Program [] ABS [] CS [] ET

would like to request for appointing Committees for Thesis Proposal Examination as follows;

- 1. _____ Chairperson (Advisor)
2. _____ Committee (Co-Advisor) (if any)
3. _____ Committee (External)
4. _____ Committee
5. _____ Committee

Remark: At least 3 persons

Thesis Proposal Examination Date (D/M/Y) Time

Venue

Please be informed for consideration.

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

Thesis Advisor

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

Comment of Program Director
[] Approved [] Not Approved
.....
Signature
(.....)
Date...../...../.....