



CHULABHORN ROYAL ACADEMY

Chulabhorn Graduate Institute

REQUEST FOR CHANGING THESIS TITLE

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

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

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

Program of study.....

E-mail .....

Number of Thesis Credits ..... Credits

Date of approval of the thesis title (D/M/Y) ..... (Refer to T01)

Previously approved thesis title (in English) (Use Capital Letters Only)

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Request to change thesis title as follows;

Proposed thesis title (in English) (Use Capital Letters Only)

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Reason to change thesis title

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Student's Signature.....

(.....)

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

Thesis Advisor's Approval

Approved Not Approved

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.....

Signature .....

(.....)

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

Comment of Program Director

Approved Not Approved

.....
.....

Signature .....

(.....)

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