



CHULABHORN ROYAL ACADEMY

Chulabhorn Graduate Institute

T 07

REQUEST FOR THESIS DEFENSE EXAMINATION

Office of Academic Support Division

Date Receipt.....

Time.....

Receiver.....

Semester..... Academic Year

1

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

Program of study.....

E-mail

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

Student ID input boxes

Student ID

Master Doctoral

Request for Thesis Defense Examination Date..... Time.....

Venue.....

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

1. Required Credits

36 Credits (Master Degree) 48 Credits (Master to Doctoral) 72 Credits (Bachelor to Doctoral)

Other GPAX

2. English requirement

Score..... Date.....

3. Publication requirement

Journal Date of Acceptance

Journal Article

Proceedings Date of Acceptance

Conference

4. Comprehensive Examination Qualifying Examination

** Please attach publication / proceedings or acceptance letter with this request form

I hereby agree to the CGI Office of Academic Support inviting interested students, faculty and staff to attend my thesis research presentation. Yes No

Thesis Advisory Committee (Refer to T01)

Thesis Advisor

Thesis Co-Advisor (if any)

Student's Signature.....

(.....)

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

2 Thesis Advisor's Approval

Approved Not Approved

Signature

(.....)

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