



CHULABHORN ROYAL ACADEMY

Chulabhorn Graduate Institute

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REQUEST FOR APPOINTING COMMITTEES OF THESIS DEFENSE EXAMINATION

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

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

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

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

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

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

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

Remark: At least 3 persons (for Master) or 5 persons (for Doctoral)

Thesis Defense 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...../...../.....