



Chulabhorn Graduate Institute

T 01

THESIS PROPOSAL TITLE FOR APPROVAL

Academic Support Division

Date Receipt.....

Time.....

Receiver.....

Semester..... Academic Year

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

Program of Study.....

E-mail

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Student ID

☐ Master ☐ Doctoral

Contact Address during Thesis Research

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..... Telephone

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

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.....
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Thesis Advisor

Thesis Co-Advisor for Ph.D. Program (MUST appointed).....

Thesis Co-Advisor for M.Sc. Program (if any)

Student's Signature.....

(.....)

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

Advisor's Signature

(.....)

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

②

Program Director's Approval

☐ Approved ☐ Not Approved

.....
.....

Signature

(.....)

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