T 01

Chulabhorn Graduate Institute

THESIS PROPOSAL TITLE FOR APPROVAL

Academic Support Division
Date Receipt……..
Time……..
Receiver……

Semester……..... **Academic Year** ……

①

Student ID

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

Program of Study……..… ☐ Master ☐ Doctoral

E-mail ……..……

Contact Address during Thesis Research

……...……..……

……..…… Telephone ……..……

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

……..……..

……..……..

……..……..

Thesis Advisor ……

Thesis Co-Advisor (if any) ……..

Student's Signature.....

(……)

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

Advisor's Signature ……..……

(……)

Date……. /……..….. /……..

② Program Director's Approval

☐ Approved ☐ Not Approved

……

……...…….

Signature ……

(……...……)

Date…….... /……..…. / ……..