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Chulabhorn Graduate Institute

REQUEST FOR THESIS PROPOSAL EXAMINATION

Academic Support Division

Date Receipt……..

Time……..

Receiver……

Semester……..... **Academic Year** ……..….

Student ID

① Student Name (Mr./Ms./Mrs.).....

Program of study……..……..… ☐ Master ☐ Doctoral

E-mail ……..……

Number of Thesis Credits ……..…..... Credits

Please specify the semester and academic year in which the student first enrolls for thesis:

Semester…..……Academic Year ……

Date of Passing Qualifying Examination (D/M/Y) …… (Ph.D. only)

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

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Request for Thesis Proposal Examination Date……..……Time……

Venue……..……

Student's Signature.....

(……)

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

② Thesis Advisor's Approval

☐ Approved ☐ Not Approved

……

……...……

Signature ……

(……...……)

Date…….... /……..…... / ……..