

Thesis/Dissertation Examination Request Form

Name:		Student ID:											
Telephone Number:		E-mail:											
Program	Doctor of Philosophy Program in												
	Master of Science Program in												
Academic Year of Admission <input type="checkbox"/> 1st Semester of academic year <input type="checkbox"/> 2nd Semester of academic year English score at admission or enrol in English class, please specify course no.		Total Credit of Thesis/Dissertation <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Master degree</td> <td style="width: 50%; padding: 5px;">Doctoral degree</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 36 credit</td> <td style="padding: 5px;"><input type="checkbox"/> 60 credit (1.1)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> 12 credit</td> <td style="padding: 5px;"><input type="checkbox"/> 72 credit (1.2)</td> </tr> <tr> <td></td> <td style="padding: 5px;"><input type="checkbox"/> 36 credit (2.1)</td> </tr> <tr> <td></td> <td style="padding: 5px;"><input type="checkbox"/> 48 credit (2.2)</td> </tr> </table>		Master degree	Doctoral degree	<input type="checkbox"/> 36 credit	<input type="checkbox"/> 60 credit (1.1)	<input type="checkbox"/> 12 credit	<input type="checkbox"/> 72 credit (1.2)		<input type="checkbox"/> 36 credit (2.1)		<input type="checkbox"/> 48 credit (2.2)
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	<input type="checkbox"/> 36 credit (2.1)												
	<input type="checkbox"/> 48 credit (2.2)												

Thesis/Dissertation Title

Thai	
English	
Committee	Thesis/Dissertation Advisor:
	Thesis/Dissertation Co-Advisor (if any)
	Thesis/Dissertation Co-Advisor (if any)

Thesis/Dissertation Examination Qualification	Yes	No
I have completed all the coursework credits and thesis credits required by the program		
Thesis/Dissertation Proposal has been approved by the Faculty Board Committee at least 60 days prior to the examination date		
Advisor and the Co-Advisor(s) (if any) approved that I am qualified for examination		
My research manuscript has been accepted or published, please attach the manuscript		

Title of Thesis/Dissertation		
Thesis/Dissertation Examination Committee		
Name	Department	Responsibility
1.		Chairman
2.		Committee
3.		Committee
4.		Committee
5.		Committee
6.		External Committee

Hereby, I request to take the qualification exam on

Date and time (dd/mm/yyyy)

Room and Building.....

At the Faculty of Allied Health Science, Chulalongkorn University

I request to issue the letter to the external committee. Hereby I have attached,

- Student registration report (CR.54)
- Curriculum vitae of external committee

External committee

Name

Affiliation

Address

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.....

Name of external committee dean/ department head

.....

.....
(.....)

Student

Date.....

.....
(.....)

Advisor

Date.....

For office use

This request has been approved by the Program Committee on

.....
(.....)

Chairman/ Secretary of the Program

Date.....

PS. Students **MUST** submit this form at least 15 working days before the QE schedule.

Required Documents

- 1. Curriculum vitae of external committee
- 2. I have proof of my published/submitted as required by the program

2.1 Manuscript publication

- Submitted (waiting for acceptance)
- Accepted
- Published
- Proceeding

Research title

.....
.....

Journal Year Volume Page

Database ISI Scopus etc. please specify

2.2 Manuscript publication

- Submitted (waiting for acceptance)
- Accepted
- Published
- Proceeding

Research title

.....
.....

Journal Year Volume Page

Database ISI Scopus etc. please specify

Note

After your manuscripts have been accepted, please submit them to your department in order to graduate.

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(.....)

Student

Date.....