

### Thesis/Dissertation Proposal Examination Request Form

<b>Name:</b>		<b>Student ID:</b>											
<b>Telephone Number:</b>		<b>E-mail:</b>											
<b>Program</b>	Doctor of Philosophy Program in .....												
	Master of Science Program in .....												
<b>Academic Year of Admission</b>  <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. .....		<b>Total Credit of Thesis/Dissertation</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Master degree</td> <td style="width: 50%;">Doctoral degree</td> </tr> <tr> <td><input type="checkbox"/> 36 credit</td> <td><input type="checkbox"/> 60 credit (1.1)</td> </tr> <tr> <td><input type="checkbox"/> 12 credit</td> <td><input type="checkbox"/> 72 credit (1.2)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 36 credit (2.1)</td> </tr> <tr> <td></td> <td><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)
Master degree	Doctoral degree												
<input type="checkbox"/> 36 credit	<input type="checkbox"/> 60 credit (1.1)												
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	<input type="checkbox"/> 36 credit (2.1)												
	<input type="checkbox"/> 48 credit (2.2)												

#### Thesis/Dissertation Title

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

Thesis/Dissertation Proposal Examination Qualification	Yes	No
The Advisor and Co-Advisors (if any) agree that I am qualified for the examination		
For a doctorate degree student, I have passed the Qualifying Examination		

Thesis/Dissertation Proposal 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 .....

.....

.....

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.