

Request for Thesis Proposal Approval Form (Interdisciplinary Program)
Graduate School, Chulalongkorn University

Master degree Doctoral degree

First-Last Name (Mr./Mrs./Ms.) Student's ID Number.....
 Interdepartmental program student in Thesis credits
 Admitted to program since First Second Semester of Academic Year.....
 Contact address Tel.
 Thesis title in Thai (Type only)

 Thesis title in English (All capitalized)

 Thesis principal advisor Tel.
 Thesis co-advisor (if applicable) Tel.
 Thesis co-advisor (if applicable) Tel.

Thesis examination committee members

..... Chair
 Thesis principal advisor
 Thesis co-advisor (if applicable)
 Thesis co-advisor (if applicable)
 External examiner
 Committee member
 Committee member

(Signature)
 (.....)
 Candidate
/...../.....

(Signature)
 (.....)
 Thesis principal advisor
/...../.....

(In case of research involving human subjects and/or animal experimentation)

Approved by a Committee for Faculty
 Responsible for ethics on human and/or animal experimentation in Meeting No.
 Date as appears on attached document.
 Signature.....
 (Director, Interdisciplinary Program)
/...../.....

Thesis title of interdisciplinary program should be integrated at least 2 sciences.

Thesis Title is an integrated science between.....and.....
 Field of Research Science Social Science

Thesis Co-advisor is
 Chulalongkorn University's personnel from.....that is the institute of
 Δ Responsible for curriculums Δ Collaborate for teaching/research
 External scholar from the institute.....

Approved by the Administrative Committee of the
 Interdisciplinary Program
 No. Date

Approved by Director of the Multidisciplinary
 Program No. Date

(Signature)
 (.....)
 Director, Interdisciplinary Program
/...../.....

(Signature)
 (Associate Professor Thumnoon Nhujak,Ph.D.)
 Dean, Graduate School
/...../.....

Request for Thesis Proposal Approval Form (Interdisciplinary Program)
Graduate School, Chulalongkorn University

Doctoral Degree Master Degree

Name (Mr./Mrs./Miss)

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Program..... Thesis.....credit

Registered as a student in IP-HSM since 1st sem. 2nd sem. Academic Year

Contact address during thesis operation.....

.....Tel.....Email.....

Thesis Title (Thai)

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Thesis Title (English)

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Advisor.....Tel.....Email.....

Co-advisor (if any).....Tel.....Email.....

Objective:

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Rationale/ Theoretical Background/ Hypothesis

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Step and Procedure for Thesis Work Plan

Step	Activities*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		

* Thesis started from (month).....(Year)

Expected Outcome from this research

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(Signature)Candidate
/...../.....