

Request form for Approval for Independent Study (Interdisciplinary Program)
Graduate School, Chulalongkorn University

Master Degree

Name Student ID Number

Program Credit for independent Study.....Credit

Admitted to program since First Second Semester of Academic Year

Contact Address

.....Tel.....

Independent study title in Thai (Type only)

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Independent study title in English (All capitalized)

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.....

Independent study advisor Tel.

Independent study co-advisor (if applicable) Tel.

Independent study examination committee members

..... Chair

..... Independent Study advisor

..... Independent Study co-advisor (if applicable)

..... Committee member

(Signature)

(.....)

Candidate

..... /..... /.....

(Signature)

(.....)

Independent study advisor

..... /..... /.....

Approved by the Administrative Committee of the Interdisciplinary Program

No. Date

Approved by the Director Committee of the Interdisciplinary Program

No. Date

(Signature)

(.....)

Director, Interdisciplinary Program

..... /..... /.....

(Signature)

(Associate Professor Thumnoon Nhujak, Ph.D.)

Dean, Graduate School

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