

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 Dr.Yoothana Chuppunnarat)
 Dean, Graduate School
/...../.....

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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

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