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| **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 Medical Microbiology 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) (Signature)

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Candidate Thesis principal advisor

Date Date

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| (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)  Date |
| 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  △ Responsible for curriculums △ Collaborate for teaching/research  ○ External scholar from the institute |

Approved by the Administrative Committee of Approved by Director of the Multidisciplinary Program

the Interdisciplinary Program

No. Date No. Date

(Signature) (Signature)

( ) ( )

Director, Interdisciplinary Program Dean, Graduate School

Date Date

**Request for Thesis Proposal Approval Form (Interdisciplinary Program)**

**Graduate School, Chulalongkorn University**

**□** Doctoral Degree □ Master Degree

Name (Mr./Mrs./Miss) Student’s ID Number

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)

Thesis Title (English)

Advisor Tel Email

Co-advisor (if any) Tel Email

Objective

Rationale/ Theoretical Background/ Hypothesis

**Step and Procedure for Thesis Work Plan**

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| **Step** | **Activities\*** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** |
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\* Thesis started from (month) (Year)

**Expected Outcome from this research**

(Signature) Candidate

Date .