

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)

(.....) (.....)

Candidate

Thesis principal advisor

Date Date

(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
the Interdisciplinary Program

No. Date

(Signature)

(.....)

Director, Interdisciplinary Program

Date

Approved by Director of the Multidisciplinary Program

No. Date

(Signature)

(.....)

Dean, Graduate School

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

| 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

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(Signature).....Candidate

Date