**Request for appointment of committee for master’s degree independent research examination**

**Submitted to the Faculty of Arts, Chulalongkorn University**

 **(To be filled out only in typewritten form)**

**Name-last name (Mr./Mrs./Miss) Student I.D number** **Department** **Division**

**Title of thesis (in Thai)**

**Title of thesis (in English or other language—capital letters only)**

|  |  |
| --- | --- |
|  **Name-last name**  | **Position/ Educational attainment/Qualifications** |
| 1. Chairman  |  | ❑ Chairman of the Academic Program Administrative Committee ❑ A lecturer responsible for the academic program/ A fulltime lecturer in the academic program❑ An external examiner holding a doctoral degree or the equivalent and having no less than 10 publications at the national level or 5 publications at the international level  |
| 2. Main independent research adviser (This person may not serve concurrently as Chairman)  |  |  A lecturer responsible for the academic program/ A fulltime lecturer in the academic program  |
| 3. External committee member |  | Holder of a doctoral degree or the equivalent and having no less than 10 publications at the national level or 5 publications at the international level  |

 In cases where there is a co-adviser and the number of committee members exceeds 3 persons

|  |  |
| --- | --- |
|  **Name-last name**  | **Position/ Educational attainment/Qualifications**  |
|  4. Independent research co-adviser (if applicable) |  | ❑ A fulltime lecturer in the academic program ❑ An external examiner holding a doctoral degree or the equivalent and having no less than 10 publications at the national or international level  |
|  5. Committee member |  | ❑ A lecturer responsible for the academic program ❑ A fulltime lecturer ❑ An external examiner holding a doctoral degree or the equivalent and having no less than 10 publications at the national level or 5 publications at the international level  |

|  |  |
| --- | --- |
| Approval given by the Academic Program Administrative Board At the / meeting on / / (Signed) Chairman of the Administrative Board of the Academic Program Date / / (Signed) Department Head Date / /  | Director of Academic Affairs**Attn:** Dean of the Faculty of Arts via the Associate Dean  For your kind consideration. (Signed) Director of Academic Affairs Date / /  |
|  Opinion given by the Associate Dean **Attn:** Dean of the Faculty of ArtsFor your kind approval.  (Signed) Associate DeanDate / / |  Opinion given by the Dean (Signed)  Dean of the Faculty of ArtsDate / /  |