**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)**

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| **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

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| **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 |

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| Approval given by the Academic ProgramAdministrative 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 Arts  For your kind approval.    (Signed)  Associate Dean  Date / / | Opinion given by the Dean   (Signed)  Dean of the Faculty of Arts  Date / / |