Rattanakosin International College of Creative Entrepreneurship

Request Form for Approval of Proposal Topic

Date.....Month.....Year.....

Name (Mr./ Mrs./ Miss): ..... Student ID: .....

Program: ..... Major: ..... Trimester / Academic Year .....

Mobile phone: ..... E-mail: .....

Would like to request for approval of the Title and Proposal for doing Dissertation/Thesis with the Title shown below

Title in English.....

.....

Has passed ☐ Qualifying Examination ☐ Comprehensive Examination

Under the advice of 1. ..... as the Advisor

And 2. ..... as Co-advisors

Details shown in the attached proposal and please appoint the proposed Advisor/Advisory Committee

Signature ..... Student

(.....)

Advice / Recommendation of Advisor

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Signature ..... Advisor

(.....)

...../...../.....

☐ Worthy of approval

☐ Not worthy of approval.....

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Signature ..... Program Chair

(.....)

...../...../.....