

GRD-IS 001 (Eng)

**Graduate School, Burapha University**

Appointment form for independent study’s title and advisory committee

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 **To** Dean of Graduate School

Student name (Mr./Mrs./Ms.) Student ID

Program Major/Pathway………………………… Faculty………………………………..

Beginning year of study ⭘ First Semester ⭘ Second Semester Study type ⭘ Full-time ⭘ Part-time

# phone E-mail

Independent study title

Appointment for independent study advisory committee

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  Name and last name(include academic position) | Highest degree earned | Affiliation / Institution | Signature |
| 1. Principal advisor  |   |   |   |   |
| 2. Co-advisor (if have) |   |   |   |   |

Please be informed accordingly.

 Student name

 ( )

Date Month Year

|  |  |
| --- | --- |
| □ Agreed □ Disagreed(Signature)……………………………………… (………………………………………) Program DirectorDate ………Month………..Year …………… | □ Agreed □ Disagreed(Signature)……………………………………… (………………………………………) Head of Department/DivisionDate ………Month………..Year …………… |
| □ Agreed □ Disagreed(Signature)……………………………………… (………………………………………) Dean, Faculty of……………………………...Date ………Month………..Year …………… | □ Approved □ Disapproved(Signature)……………………………………… (………………………………………) Dean of Graduate School Date ………Month………..Year …………… |
| Attached documents |
| 🞏 Library information system training🞏 Ethic training 🞏 i-Thesis training | 🞏 Relevant specific trainings🞏 Transcript printed from the registration system |