

GRD-IS 007 (Eng)

Request form for revising the title of independent study

Faculty.................................................... Burapha University

**………………………………………………………………………………………………………………………………………**

**Subject**  Request to change the independent study’s title

**To** Dean of Graduate School

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I am (Mr./Mrs./Ms.) Student ID

Program Major/Pathway Faculty

Beginning year of study ⭘ First semester⭘ Second semester Type of study ⭘ Full-time ⭘ Part-time

Telephone E-mail

Original title of independent study

Revised title of independent study

I have already consulted the principal advisor for the change of such title.

Signature

( )

Date Month Year

Principal advisor Co-advisor

( ) (………………………………………………)

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

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| □ Agreed □ Disagreed (Signature)……………………………………………  (…………………………………………) Program DirectorDate………Month……………………..Year…………… | Acknowledged (Signature)………………………………………………….  (…………………………………………………) Head of Department/DivisionDate………Month……………………..Year…………… |
| □ Agreed □ Disagreed (Signature)……………………………………  (…………………………………………………) Dean, Faculty of…………………………Date………Month……………………..Year…………… | □ Approved □ Disapproved (Signature)…………………………………………  (…………………………………………………) Dean of Graduate SchoolDate………Month……………………..Year…………… |