

GRD-T 001(Eng)

Graduate School, Burapha University

 Appointment form for Master’s thesis title and Master’s thesis advisory committee ……………………………………………………………………………………………………………………………………………..

**To Dean of Graduate School**

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

Program Major/Pathway Faculty

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

Study Plan ⭘ A 1 (Thesis 36 credits) ⭘ A 2 (Course works 12 credits and thesis 12 credits)

Telephone E-mail

Master thesis title

**Appointment for Master thesis advisory committee**.

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| --- | --- | --- | --- | --- |
|  | Name and last name(including academic position) | Highest degree earned | Affiliation / Institution | Signature |
| 1. Principal advisor | ………………………… | ……………….…. | ……………….……… | ……………… |
| 2. Co-advisor | ………………….…… | ………………….… | ……………….……… | ……………… |
| 3. Co-advisor | ………………….…… | ………………….… | ……………….……… | ……………… |
| (Co-advisors (if have) not more than 2 persons) |

Please be informed accordingly.

Student name …………………………………………

 (…………………………………….)

 Date…… Month…………Year………..

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| □ Agreed □ Disagreed (Signature)………………………………………… (…………………………………………)Program Director Date………Month……………….Year …………… | □ Agreed □ Disagreed (Signature)………………………………………… (…………………………………………)Head of Department/Division  Date………Month……………….Year …………… |
| □ Agreed □ Disagreed(Signature)…………………………………………Dean, Faculty of…………………………………..Date………Month……………….Year …………… | □ Approved □ Disapproved(Signature)…………………………………………Dean of Graduate SchoolDate………Month……………….Year …………… |
| Attached documents |
| 🞏 Library information system training🞏 Ethic training (IRB)🞏 i-Thesis training | 🞏 Special relevant training🞏 Transcripts printed from the registration system |