

**Graduate School Burapha University**

GRD-non-Disclosure Request

**Request Form for Non-Disclosure Thesis/Dissertation**

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**To Dean of Graduate School**

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

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

**Study ⭘** Full-time **⭘** Part-time

**Telephone** **E-mail**

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| --- | --- |
| **Type of Study: Master program** | **Type of Study: Doctoral program** |
| **⭘** A 1 (Thesis 36 credits) **⭘** A 2 (Course works and thesis 12 credits)  | **⭘** 1.1 (Completed Master's degree and enrolled dissert. 48 cr.)**⭘** 1.2 (Completed Bachelor's degree and enrolled dissert. 72 cr.)**⭘** 2.1 (Completed Master's degree, enrolled coursework and dissert.36 cr.)**⭘** 2.2 (Completed Bachelor's degree, enrolled coursework and dissert. 48 cre.) |

**Thesis/Dissertation title**:

**Principle advisor’s name:**

Request for non-disclosure my thesis/dissertation for **1 year since the date of oral thesis/dissertation examination** (From: …………………..…………….………. To: …………………………..….………)

With Reasons (please specify below)

 **Student’s signature** ……………………………………….……

 (………………………………….……….)

 Date…… Month…………Year………..

|  |  |
| --- | --- |
| **Agreed**(Signature)………………………………………… (…………………………………………)**Principle Thesis/Dissertation Advisor** Date………Month……………….Year …………… | **Acknowledged** (Signature)………………………………………… (…………………………………………)**Program Director** Date………Month……………….Year …………… |
| **Acknowledged**  (Signature)…………………………………………(………………………………………..………)**Dean, Faculty of**…………………………………..Date………Month……………….Year …………… | **Approved**(Signature)………………………………………… (…………………….………………………)**Dean of Graduate School**Date………Month……………….Year …………… |

\*\*\*Please return this form to the Graduate School together with the Report result of oral dissertation examination (GRD-T/D 005)\*\*\*