 **Graduate School, Burapha University**

GRD-IS 004 (Eng)

 **Appointment from for IS oral examination committee**  ………………………………………………………………………………………………………….…………………………..………

**To** Dean of Graduate School

I am Principal independent study of (Mr./Mrs./Ms.)

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Student ID

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

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

Title of Independent study

Student has studied all the courses required by the program, with Grade Point Average (GPA) of

Passed the English language examination according to the criteria or passed the English language training courses specified by the Graduate School’s Committee on the date of

Obtained approval for the completed independent study proposal by the Dean of Graduate School on......................................................

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| --- |
| Independent study advisory committee1. Principal advisor …………...................................................2. Co- advisor (if have) …….................................................... |

Proposed Program designated instructor in the University or an external expert

to be the Chairperson of this examination

Highest degree.................................................Major.................................................academic position (if have) ....................................

Present position……………………………………………………………………………………..............................................................

affiliation/institution……...............……..............………..……...................................................................................................................

Contact address..............................................................................................................................................................................................

Telephone number.......................................................................................................................................................................................
 Proposed to set the oral independent study examination on Date Time …………. Place

 (Not less than 15 working days from the date of requesting to appoint the examination committee)

 Please be informed accordingly and approve.

Principal advisor

 ( )

 Date Month Year

|  |  |
| --- | --- |
| □ Agreed □ Disagreed(Signature)…………………………………………… (…………………………………………………)Program DirectorDate ………Month…………………….Year | □ Agreed □ Disagreed(Signature)…………………………………………… (…………………………………………………)Head of Department/DivisionDate ………Month…………………….Year |

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Opinion from the Dean

 Approved to take the independent study examination on (D/M/Y)…………......... Time……… Place**…………………**

 Independent study examination committee

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name-last name (academic position) | Highest education  | Signature |
| 1. Chairperson(external expert/ instructor of BUU) | …………………………………… | ……………….…………. | ……………… |
| 2. Committee (Principal advisor) | …………………………………… | ……………….…………. | ……………… |
| 3. Committee (Co-advisor, if have) | …………………………………. | ……………….…………. | ……………… |
| 4. Committee (Instructor of BUU) | …………………………………. | ……………….…………. | ……………… |

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| □ Agreed □ Disagreed(Signature)……………………………………………(…………………………………………………)Dean, Faculty of………………………….Date ………Month…………………….Year | □ Approved □ Disapproved(Signature)……………………………………………(…………………………………………………)Dean of Graduate SchoolDate ………Month…………………….Year |
| **Attached documents** |
| 🞏 Completed independent study printed out from i-Thesis system 1 copy submit to the Graduate school (to be kept)🞏 Transcript printed out from registration system🞏 IRB certificate🞏 English test results or certificate of English training courses🞏 Receipt for registration of independent study🞏 Receipt for final semester registration🞏 External expert’s resume and academic works published in journals appeared in TCI or international databases. |

\*\*\*\* Student’s # phone ............................................................ e-mail: ……………………………………\*\*\*