

Appointment form for Master’s thesis proposal defense committee

GRD-T 002 (Eng)

Graduate School, Burapha University

……………………………………………….……………………………………………………………………………………………………………………………………………

**To Dean of Graduate School**

I am,………………………………………………………….Principal thesis advisor of (Mr./Mrs./Ms. )

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

Student ID Program………………………...Major/Pathway………………………………

Faculty Beginning 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)

Master thesis title

Appointment for Master’s thesis proposal examination committee

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name-last name/Academic position | | Highest degree earned | | Signature | |
| 1. Chairperson  (Principal advisor) | ……………………………………. | | ……………….……….. | | ………………….………. | |
| 2. Committee  (Co-advisor) | …………………………………… | | ……………….……….. | | ……………………….…. | |
| 3. Committee  Co-advisor) | …………………………………..… | | ……………….……….. | | …………………….……. | |
| 4. Co-advisor)  (Program designated instructor  /External expert\*) | | ………………………………… | | ………………….………. | | …….……………………. | |

**Note:** Committee for thesis proposal examination should have at least 3 persons with a maximum of 4 persons. In case of necessity, external experts would be appointed.

Examination on Date…………Month………………Year Time Place ……………………

Please be informed accordingly and approve.

.

Principal thesis advisor

( )

Date Month Year

|  |  |
| --- | --- |
| □ 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 School  Date ………Month………..Year …………… |

|  |
| --- |
| **Attached Documents** |
| 🞏 Completed Master’s thesis proposal hard copy or printed out from i-Thesis system 1 copy submit to the Graduate school (to be kept)  🞏 Proof of Master’s thesis title and Master’s thesis advisory committee / or a completed form of GRD-T 001 (Eng)  🞏 Transcript printed out from the registration system  🞏 Receipt of Master thesis fee payment  **🞏 External expert’s** resume and academic works published in journals in international databases. |

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