Appointment form for the Oral Master’s Thesis examination committee

GRD-T 004 (Eng)

Graduate School, Burapha University

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**To Dean of Graduate School**

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

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Student ID Program . Major/Pathway

Faculty Beginning year of study ….. Semester ⭘ First ⭘ Second 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

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 course (s) specified by the Graduate School’s Committee on the date of

Obtained approval for the completed thesis proposal by the Dean of Graduate School on

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| --- | --- |
| Master’s Thesis advisory committee  1. Principal advisor………….............................................................  2. Co-advisor (if have) …………........................................................  3. Co-advisor (if have) …………........................................................ |  |

Proposed external expert’s name…………........................................................to be the Chairperson of the Examination Committee

Highest degree earned ...............................Major.............................................. academic Position (if have) …........................................

Contact address ………………………………………………...........................................…………………………...........................

……………………………………………….......................... Telephone Number……………………….……….........................

Proposed oral thesis examination date on Time Place

(Not less than 15 working days from the date of requested appointment oral Master’s thesis examination committee)

Please be informed accordingly and approve.

Principal thesis advisor

( )

Date Month Year

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

Comments from Faculty’s Dean

Approved for the oral Master’s thesis examination on date…………month…………………year………..........

Time………………………….. Place………………………………………………………………………..

By the list of thesis oral examination committee (not less than 3 persons and not more than 4) as follows:

List of oral Master’s thesis examination committee

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name-last name/Academic position | Highest degree | Signature |
| 1. Chairperson  (External expert) | …………………………………………… | ……………….…………. | ………………………….. |
| 2. Committee | …………………………………………… | ……………….…………. | ………………………….. |
| 3. Committee | …………………………………………… | ……………….…………. | ………………………….. |
| 4. Committee | …………………………………………… | ……………….…………. | ………………………….. |

Note: committee consisted of principal thesis advisor co-thesis advisor (if any) and / Program designated instructors

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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 thesis 1 copy submit to the Graduate school (to be kept)  🞏 Transcript printed out from registration system  🞏 Proof of ethical approval  🞏 English test results or English training course certificate  🞏 Thesis registration receipt  🞏 Final semester registration receipt.  🞏 External expert’s resume and academic works published in journals in international databases | |

\*\*\* Student’s contact: phone number………………………………… /or E-mail………………………………….\*\*\*