



Graduate School, Burapha University

GRD-D 004 (Eng)

Appointment form for oral dissertation examination committee

To Dean of Graduate School

I amPrincipal dissertation advisor of (Mr. / Mrs./Ms.).....

Student ID

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Program

Major/PathwayFaculty.....

Beginning year of study..... First Semester Second Semester Study type Full-time Part -time

- Type of Study 1.1 (Completed Master's degree and take dissertation 48 credits)
- 1.2 (Completed Bachelor's degree and take dissertation 72 credits)
- 2.1 (Completed Master's degree, course works 12 credits, and take dissertation 36 credits)
- 2.2 (Completed Bachelor's degree, course works 24 credits, and take dissertation 48 credits)

Dissertation title.....
.....

Doctoral Dissertation advisory committee

1. Principal advisor.....
2. Co-advisor (if have)
3. Program designated instructor (if have).....

Proposed 1..... **an external expert** to be a chairperson of oral dissertation examination

Highest Qualification..... Field of Study.....Academic position (if have)

Address.....

Telephone

Proposed 2..... **an external expert** to be a chairperson of oral dissertation examination

Highest Qualification..... Field of Study.....Academic position (if have)

Address

Telephone.....

Agreed upon to set the oral examination on date.....Time.....Place.....

(Not less than 15 working days from the date of requested appointment for dissertation oral examination committee)

Please be informed and approve.

Principal dissertation advisor.....

(.....)

DateMonth.....Year

<input type="checkbox"/> Agreed <input type="checkbox"/> Disagreed	<input type="checkbox"/> Agreed <input type="checkbox"/> Disagreed
(Signature)..... (.....) <p style="text-align: center;">Program Director</p> Date.....Month.....Year.....	(Signature)..... (.....) <p style="text-align: center;">Head of Department/Division</p> Date.....Month.....Year.....

Comments from Faculty's Dean

Approval for oral dissertation examination on dateMonth.....Year.....
 Time..... Place.....

By the list of dissertation oral examination committee (not less than 5 persons) as follows:

List of oral doctoral dissertation examination committee

	<u>Name-last name/Academic position</u>	<u>Highest degree</u>	<u>Signature</u>
1. Chairperson (External expert)
2. Committee
3. Committee
4. Committee
5. Committee (External expert)

Note: committee consisted of principal doctoral advisor co-doctoral advisor (if have) and /or Program designated instructors and /or external expert

<input type="checkbox"/> Agreed <input type="checkbox"/> Disagreed (Signature)..... (.....) Dean, Faculty of DateMonth.....Year.....	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Signature)..... (.....) Dean of Graduate School Date Month.....Year.....
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Attached documents

- Completed dissertation 1 copy submit to the Graduate school (to be kept).
- Transcript printed out from registration system
- Proof of ethical approval
- Dissertation registration receipt
- Final semester registration receipt.
- External experts' resume and academic works published in journals in international databases.

*** Student's contact: phone number..... /or E-mail.....***