

GRD-IS 001 (Eng)

**Graduate School, Burapha University**

Appointment form for independent study’s title and advisory committee

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**To** Dean of Graduate School

Student name (Mr./Mrs./Ms.) Student ID

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

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

# phone E-mail

Independent study title

Appointment for independent study advisory committee

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name and last name  (include academic position) | Highest degree earned | Affiliation / Institution | Signature |
| 1. Principal advisor |  |  |  |  |
| 2. Co-advisor  (if have) |  |  |  |  |

Please be informed accordingly.

Student name

( )

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 | | |
| 🞏 Library information system training  🞏 Ethic training  🞏 i-Thesis training | 🞏 Relevant specific trainings  🞏 Transcript printed from the registration system | |