

GRD-IS 005 (Eng)

**Graduate School, Burapha University**

**Report form for independent study oral examination results**

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**To Dean of Graduate School**

Independent study oral examination committee of (Mr. / Mrs./Ms.)

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Student ID Program**...............................................................................................................................................**

Major/Pathway**..................................................................**Faculty**................................................................................................................................................................**

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

Title of independent study

Passed independent study oral examination on Date Month Year

Independent study grade received

**⭘** Passed the criteria (S)  **⭘** Passed with condition (I) **⭘** Not passed (U)

Suggestions / Advise for improvements

Signature Chairperson Signature Committee

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Signature Committee Signature Committee

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Please be informed accordingly.

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| Acknowledged(Signature)…………………………………………..(……………………………………………….…)Program DirectorDate ………Month………..Year …………… | Acknowledged(Signature)…………………………………………..………(……………………………………………….…)Head of Department/DivisionDate ………Month………..Year …………… |
| Acknowledged(Signature)…………………………………………………(………………………………………………..)Dean, Faculty of................................................Date ………Month………..Year …………… | Acknowledged(Signature)…………………………………………………(……………………………………………….)Dean of Graduate SchoolDate ………Month………..Year …………… |

Note: Faculty / College informed the independent oral examination results by submitting this completed form which signed by

the Faculty’s Dean to the Graduate School within 15 days from the date of the examination.