 **Graduate School, Burapha University**

**GRD-IS 002 (Eng)**

**Appointment form for independent study proposal defense committee**

**…………………………………………………………………………………………………………**

**To** Dean of Graduate School

I am …………………………………a principal advisor of (Mr./Mrs./Ms.) ……………………………………………..

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Student ID Program …………………………………………………………

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

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

Telephone …………………………E-mail …………………………………………………………………………………

Independent study title ……………………………………………………………………………………………………………………………………

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Appointment for independent study 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. Committee  (Program designated  instructor/External expert) | …………………………………….. | | ………………………… | ………………………… |

Note\* Committee for independent study proposal examination should have at least 3 persons with maximum of 4.

In case of necessity, external expert will be appointed.

Examination Date/Month/Year…………………………Time …………………………Place…………………………

Please be informed accordingly and approve.

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Principal independent study advisor

(…………………………………………………… )

Date …………………Month…………………Year…………………

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| --- | --- |
| □ 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 document** | |
| 🞏 Independent study proposal printed out from i-Thesis system 1 copy  Submit to the Graduate school (to be kept)  🞏 Appointment form for independent study’s title and independent study advisory committee (GRD-IS 001) (Eng)  🞏 Transcript printed out from the registration system  🞏 **External expert’s resume and academic works published in journals in TCI or international databases**. | |

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