 **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

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| --- | --- | --- | --- |
|  | 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 DirectorDate ………Month………..Year …………… | □ Agreed □ Disagreed(Signature)………………………………………… (………..…………………………………) Head of Department/DivisionDate ………Month………..Year …………… |
| □ Agreed □ Disagreed(Signature)…………………………………………..………… (……………………..………………………….…)Dean, Faculty of………………………….Date ………Month………..Year …………… | □ Approved □ Disapproved(Signature)…………………………………………..………… (……………………….………………………….…)Dean of Graduate SchoolDate ………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: ……………………………………\*\*\*