



Faculty of Education, Burapha University
Form to Request for Thesis/Dissertation Oral Examination
And The Appointment of Thesis/Dissertation Oral Examination Committee

Student's name (Mr., Miss, Mrs.)
[ ] Master [ ] Doctoral Program Major.....Human Resource Development.....
[ ] Full Time [ ] Part Time Student I.D. number.....
College/Faculty...IGHRD-Education...Telephone Number.....
Thesis/Dissertation Title (in English) .....

I hereby declare that I have completed all the required course-work with a GPA (Grade Point Average) of ..... ; the English Language requirement with a grade of..... and my thesis/dissertation proposal was approved on ..... (dd./mm./yy)

Thesis/Dissertation Advisory Committee

Thesis/Dissertation Proposal Committee

Table with 2 columns: Thesis/Dissertation Advisory Committee and Thesis/Dissertation Proposal Committee. Rows include Principal adviser, Co-adviser, and Committee Chair/Member.

Documents required submitting along with this Form.

- 1. Four copies of a completely finished Thesis/dissertation.
2. Thesis Enrollment Report (Print enrollment result from http://reg.buu.ac.th)
3. A copy of the latest tuition fee payment receipt.
4. Evidence of thesis/dissertation distribution (required by some programs only)
5. Ethical Report Form
6. Others (specify) .....

Student's signature.....Date...../...../.....

Thesis/dissertation principal advisor recommendation:

I agree to have the oral examination on .....(dd./mm./yy.)

Signed..... Principal Advisor.

(.....)

Date...../...../.....

(PTO)

Recommendation of external examiner to be the chair of the committee

Name..... Degree earned.....

Academic Rank (if any).....

Present Position.....Place of Work.....

Signed.....

(.....)

Chairperson, Degree Program Committee

Date...../...../.....

Action of Faculty of Education Dean:

Approved the examination schedule on.....(dd./mm./yy.)

Time: .....hrs. at.....(Room and Building)

Approved Oral Examination Committee as listed below:

	Name	Signature
1. Chairperson (External Examiner)	.....	.....
2. Member (Advisor)	.....	.....
3. Member (Co-Advisor; if any)	.....	.....
4. Member	.....	.....

(Burapha University Representative)

Signed.....

(.....)

Faculty of Education Dean

Date...../...../.....

(PTO)

## About the Student

First name (Mr., Mrs., Miss).....Last name.....

Student I.D. number.....Major.....

Current Address.....

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Phone.....Fax.....e-mail.....

Current workplace .....

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Phone.....Fax.....