



Faculty of Education, IG-HRD Center Burapha University

ED 01

Independent Study Title and Advisor Approval Form

Student's name (Mr., Mrs. , Miss)

Student's I.D. number..... Phone Number.....

Title of degree: Master of Arts (Plan B) Major: Human Resource Development (M.A. in HRD)

Date of admission : Semester Academic year

Date of planned graduation..... Full Time Part Time

Proposed independent study title

Title (in Thai – if desired)

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Title (in English)

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Proposed Independent Study Advisory Committee

	name and academic rank	highest degree earned	organization	signature
Principal Advisor
Committee member

Student's signature.....

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

Recommendation:

Approved Not approved

Signed.....

(.....)

Chairperson, Degree Program Committee

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

Decision of the Director:

Approved Not approved

Signed.....

(.....)

Head of IGHRD Dept.

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

Decision of the Dean:

Approved Not approved

comment (if any) :

Signed.....

(.....)

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