

Graduate School of Srinakharinwirot University

Request for appointment of committee for master's degree independent research

Dear Director of Graduate School

The curriculum committee..... Field of study.....
 Faculty of..... The request for appointment of committee for master's
 degree independent research is applied by Mr./Mrs./Ms.....
 Student ID.....E-mail.....Tel.....
Title of master's project/ independent research.....

- The committee should contain at least 3 people, consisting of the chairman of the program administration committee or one designated program committee as chairman, 1 representative from the program committee as a member, and research advisor as a member and secretary. You could invite one more expert in the field to be a member; however, the main advisor must be clearly specified.

Name – Last name (Educational attainment)	Members of committee
1.	Chairman
2.	Committee member
3.	Main independent research adviser
.....	Independent research co-adviser (if applicable)
.....	

Dated/...../..... **time**.....o'clock **room no.** **at (building)**.....

Remarks The letter should be submitted 15 working days prior. The examination can be taken place once you have received an order of appointment of committee from the Graduate School.

Academic Program Administrative Board	Director of Academic Affairs	Graduate School
() Approve	() Approve	() Approve
() opinion	() opinion.....	() opinion.....
.....
.....
Sign.....	Sign.....	Sign.....
(.....)	(.....)	(Asst.Prof.Dr. Chatchai Ekpanyaskul)
Chairman of the Administrative Board of the Academic Program	Director of Academic Affairs	Director of Srinakharinwirot University Graduate School
Date...../...../.....	Date...../...../.....	Date...../...../.....