## BV.411/ INDEPENDENT RESEARCH

**Graduate School of Srinakharinwirot University**

**Request for appointment of committee for master’s degree independent research**

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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**..........................................................................................................

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* 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.

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| **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.

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