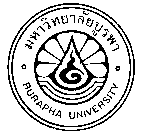
**SC 09/2**



**Faculty of Science**

# **Faculty of Science Burapha University**

**แบบฟอร์มขอเก็บรักษาเล่มวิทยานิพนธ์/ดุษฎีนิพนธ์**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I (Prof, Assoc Prof, Asst. Prof)............................................................................................is a principal advisor of

Student’s name ……………………………………Student I.D.…………………Semester of admission…………… /20........

🔾 Master’s Degree Plan 🔾 **A1**(ก1) 🔾 **A2**(ก2)

🔾 Doctoral Degree Plan 🔾 **1.1** 🔾 **1.2**  🔾 **2.1** 🔾 **2.2**  
Major………………………….....…................................. Phone………………………………..… e-mail : ..............................................

Thesis/Dissertation Title……………………………………………………………………………………………………………...........................................

………………………………………………………………………………………………………………………………….…………………………………………………….

Date of oral examination……….……………… ………………….

We would like to request for thesis/dissertation access restriction and would like to secure the entine work becase

🞎 completed a patent process according to application no................................................

🞎 will be applying for a patent (within 90 days after the oral examination date)

(If the application process is not completed within 90 days Thesis/Dissertation must be submitted to faculty of Science)

Signed......................................................................... Signed.........................................................................

(.............................................................) (.............................................................)

Student’s name Principal advisor

Date................................................... Date...................................................

|  |  |
| --- | --- |
| **Recommendation:**  🔾 **Endorsed** 🔾 **Not Endorsed**  Signed……………………………..……………. …  (……………………………………………...)  Chairperson, Degree Program Committee  Date……................….…. | **Recommendation:**  🔾 **Endorsed** 🔾 **Not Endorsed**  Signed……………………………..…………….  (……………………………………………...)  Head of Department  Date……......................….… |
| **Approval Status**  🔾 **Approved** 🔾 **Not Approved**  Signed …………………………………………………….  (……………………………………………...)  Dean of Faculty of Science  Date……….../………..…/…….…. | |