**SC 01**

**Staff Only**

**Date…………………….**

**Time.......................................**

**Faculty of Science**

#  **Faculty of Science Burapha University**

# **Thesis/Dissertation Proposed Title and Advisory Committee Approval Form**

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Student’s name ………………………………………Student ID.………………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 : ..............................................

**Proposed Thesis/Dissertation Title**

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**Proposed Thesis/Dissertation Advisory Committee**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and academic position** | **Highest degree**  | **Institution** | **Signature** |
| 1. Advisor |  |  |  |  |
| 2. Co-Advisor |  |  |  |  |
| 3. Co-advisor |  |  |  |  |

Qualification of the Advisor: Full-time position with Ph.D. or Academic Position from Associate Professor

Qualification of the Co-Advisor: (if applicable) not over 2: full time position with Ph.D or Academic Position from Associate Professor.

External academic expert must attach the form SC 12: Resume indicate previous works and publications

 Signed……………………………………………..Student

 Date………………………..…….….

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