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| **Faculty of Science** | **Faculty of Science, Burapha University** | **SC 03/1** |
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# **Request Form to Issue Letters for Examining the Validity of Research Instrument**

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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: ..............................................

**Thesis/Dissertation Title**

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I, hereby, request the issuance of letters to the below listed persons to examine the validity of the research instrument.

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| --- | --- | --- | --- |
| No. | **Name and academic position** | Position | Address |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

Delivery method 🔾 by post-mail (as address above) 🔾 by myself

Signed……………………………………………..Student Signed…………………………………Advisor

(…………….......……………………..) (…………….......……………………)

Date ……….........................………… Date ……….........................…………

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