Request Form for Independent Study Title Approval and Proposal Examination
GRADUATE SCHOOL Phranakhon Si Ayutthaya Rajabhat University
www.aru.ac.th/grad

SECTION 1 STUDENT

1. Name – Last name (Mr./Mrs./Miss)..Student's ID No............................

Phone No..Line ID :..E-mail :..

Degree ☐ Master's Degree

⭕ Education Administration (M.Ed.)　　⭕ Curriculum and Instruction (M.Ed.)

⭕ Business Administration (M.B.A.)

⭕ Community and Social Development (M.Pol.Sc.)　⭕ Master of Public Administration (M.P.A.)

⭕ Criminology, Justice Administration and Society (M.Pol.Sc.)

Request to propose the Independent Study Title and Proposal examination.

Title (Thai)..

....

Title (English)..

....

Independent Study Advisor; name..

　　　　I hereby attached 3 volumes of Independent Study.

　　　　　　Please consider for further approval

　　　　　　　　　　Signature..Student

　　　　　　　　　　Date............Month......................Year.................

Independent Study Advisor's recommendations

☐ Approved　　　☐ Disapproved (specify reasons)..

　　　　　　　　　　Signature..Advisor

　　　　　　　　　　Date............Month..................Year.................

Curriculum Chairperson's recommendations pursuant to the resolution of the meeting on (date)............

☐ Approved　: and appointed curriculum management committee / expert as Examination Committee (Master's degree 1 person) as name list below;

　1. ....

The optional examination date has been scheduled as follows:

　1. ....Time ....

　2. ....Time ....

　3. ....Time ....

　4. ....Time ....

　5. ....Time ....

☐ Disapproved: reasons ....

....

　　　　　　　　　　Signature..Curriculum Chairperson

　　　　　　　　　　Date............Month..................Year.................

Recommendations of Dean of Graduate School

☐ Approved ☐ Disapproved: reasons ....

....

Signature..Dean of Graduate School

Date..............Month...........................Year .....

Recommendations of President

☐ Approved: and appointed curriculum management committee / expert for the examination (Master's degree 1 person)

1. .... Expertise

Date scheduled for the examination on: date/time ....

☐ Disapproved: reasons...

Signature... President

Date.............Month...........................Year...............

***Remarks**: 1. Students shall submit examination request form along with 3 volumes of the research
2. Students shall submit the request prior to the examination date at least 30 days in advance.