

**NU.G. 16**

Faculty of Nursing, Burapha University

**Request of Study Duration Extension to Student's Institute Form**

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Date.MonthYear .

**Subject :** Request of extension of the study’s duration

**Dear :** Dean of Faculty of Nursing

I am (Mr./Mrs./Ms.)

Student ID Program of study

Pathway of study ❒ Full time ❒ Part time

Tel E-mail

I am the officer of (name of student’s institute)

Position Name of the office

I would like to request for the extension of the duration of study in the first/second/summer semester of the academic year . Please provide the request letter heading to

For your consideration

(signature of student)

( )

Date / /

|  |  |
| --- | --- |
| **Decision of the Major Advisor** | **Decision of Chairperson,**  **Office of Graduate Studies** |
|  | (Signed)  (Assist. Prof. Dr. Chanandchidadussadee Toonsiri)  Chairperson, Office of Graduate Studies  Date / / |
| **Decision of the Dean**  (Signed)  (Assistant Professor Dr. Pornchai Jullamate)  Dean of Faulty of Nursing  Date / / | |

**NU.G. 02/2**

# Please write in Block Capitals or Typewritten

### **Faculty of Nursing, Burapha University**

**Progress Report of Thesis/Dissertation**

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Report number Date Month Year

**Part 1: General Information**

**Information of student**

Name Student ID number

Tel Fax

E-mail

Program of study ❑ Master of Nursing Science (International Program)

❑ Doctor of Philosophy in Nursing Science (International Program)

Degree in abbreviation

❑ Full time ❑ Part time

Title of thesis/dissertation

**Information of thesis/dissertation’s committee**

Name of Major Advisor

Department

Faculty University

Other (if any)

Name of Co-advisor

Department

Faculty University

Other (if any)

**-2-**

**Information of thesis/dissertation**

Information of admission:

🞏 First 🞏 Second 🞏 Summer Semester Academic year

Semester of thesis/dissertation enrollment:

🞏 First 🞏 Second 🞏 Summer Semester Academic year

Pass Date of Qualifying Exam (For PhD student/candidate)

Date Month Year

Date of proposal thesis/dissertation examination

Date Month Year

**Part 2 : Progress of Thesis/Dissertation**

Which step you are on?

❑ Preparing for the data collection

❑ Requesting for the IRB approval

❑ Validation the research instruments

❑ Collecting data

❑ Analyzing data

❑ Writing the research’s result

❑ Writing a summary of research’s result / research discussion & comments

❑ Preparing for the thesis/dissertation defense

❑ Other (please specify)

**The step above is considered as** ❑ achieve the research goal ❑ fail the research goal

**The problem found** (in case of failure to the research goal) please specify

**-3-**

**How to solve the problem?**

**Expected semester that student will complete the thesis/dissertation (on this reporting date)**

🞏 First 🞏 Second 🞏 Summer Semester Academic year

What kind of assistance do you need in order to complete the thesis/dissertation (if any)

Student’s signature

( )

Date / /

Opinion of Major advisor (if any)

Signature

( )

Major Advisor

Date / /

Opinion of Degree Program Committee (if any)

Signature

( )

Chairperson, Degree Program Committee

Date / /

**-4-**

**Thesis Plan of (Name) Student ID number...............................**

**Master of Nursing Science (International program)**

**Faculty of Nursing, Burapha University**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Month/Year** | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Proposal thesis defense |  |  |  |  |  |  |  |  |  |  |  |
| Proposal thesis revision |  |  |  |  |  |  |  |  |  |  |  |
| Research instruments development |  |  |  |  |  |  |  |  |  |  |  |
| Ethical & IRB approval |  |  |  |  |  |  |  |  |  |  |  |
| Research instruments validation |  |  |  |  |  |  |  |  |  |  |  |
| Data collection |  |  |  |  |  |  |  |  |  |  |  |
| Data analysis and discussion |  |  |  |  |  |  |  |  |  |  |  |
| Thesis oral defense |  |  |  |  |  |  |  |  |  |  |  |
| Thesis revision |  |  |  |  |  |  |  |  |  |  |  |
| Manuscript preparation |  |  |  |  |  |  |  |  |  |  |  |
| Graduation |  |  |  |  |  |  |  |  |  |  |  |

Student

( )

Major advisor

( )

(Assistant Professor Dr. Pornchai Jullamate)

Dean of Faculty of Nursing

Date / /

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**Dissertation Plan of (Name) Student ID number...............................**

**Doctor of Philosophy in Nursing Science (International program)**

**Faculty of Nursing, Burapha University**

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| **Activity** | **Month/Year** | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
| Proposal dissertation defense |  |  |  |  |  |  |  |  |  |  |  |
| Proposal dissertation revision |  |  |  |  |  |  |  |  |  |  |  |
| Research instruments development |  |  |  |  |  |  |  |  |  |  |  |
| Ethical & IRB approval |  |  |  |  |  |  |  |  |  |  |  |
| Research instruments validation |  |  |  |  |  |  |  |  |  |  |  |
| Data collection |  |  |  |  |  |  |  |  |  |  |  |
| Data analysis and discussion |  |  |  |  |  |  |  |  |  |  |  |
| Dissertation oral defense |  |  |  |  |  |  |  |  |  |  |  |
| Dissertation revision |  |  |  |  |  |  |  |  |  |  |  |
| Manuscript preparation |  |  |  |  |  |  |  |  |  |  |  |
| Graduation |  |  |  |  |  |  |  |  |  |  |  |

Student

( )

Potential Major Advisor

( )

(Assistant Professor Dr. Pornchai Jullamate)

Dean of Faculty of Nursing

Date / /