**Report of Plagiarism Detection Form**

**NUG 20-2**

**Faculty of Nursing, Burapha University**

**Semester (1st / 2nd / Summer) \_\_\_\_\_\_\_\_\_\_ Academic Year\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

I, Mr. / Mrs. / Miss , student ID

Program in ❒ Master of Nursing Science (International Program), Pathway

❒ Doctor of Philosophy in Nursing Science (International program)

Type □ Regular Tel: E-mail

Academic year of admission: ⭘ First semester ⭘ Second semester ⭘ Summer semester

Study period for (year) (month)

Thesis Title (in English)

I would like to submit the report of plagiarism detection to the content validator. (Attach the results of the plagiarism detection by printing out of the program's report), the result is ……%

For your consideration

|  |
| --- |
| (Signed) Student  ( )  Date / / |
| (Signed) Major advisor  ( )  Date / / |