# Please write in Block Capitals or Typewritten

**NU.G. 13**



**Faculty of Nursing, Burapha University**

**Certification of Student Status Request Form**

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**To** Associate Dean for Research and Graduate Studies

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

Student ID Program of study

Pathway of study ❒ Full time ❒ Part time

Tel E-mail

I am currently in the process of conducting my thesis/dissertation entitle:

Under the supervision of , major advisor

I would like to request the certification of student status (for purpose)

Sending to (name of organization/head department)

Current position and work place (in case of leave for studying or work during study)

Currently in between of studying (educational progress)

Expectation of graduation 🞏 First semester 🞏 Second semester 🞏 Summer semester

Academic year

For your consideration

 (signature of student)

 ( )

 Date / /

|  |  |
| --- | --- |
| **Decision of the Major Advisor** | **Decision of Chairperson,** **Office of Graduate Studies** |
| (Signed) ( )Major AdvisorDate / / | **Endorsed**(Signed) (Assist. Prof. Dr. Chanandchidadussadee Toonsiri)Chairperson, Office of Graduate StudiesDate / /  |