

**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 StudiesDate / /  |
| **Decision of the Dean**(Signed) (Assistant Professor Dr. Pornchai Jullamate)Dean of Faulty of NursingDate / /  |

**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**

|  |  |
| --- | --- |
| **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 / /

**-4-**

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

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

**Faculty of Nursing, Burapha University**

|  |  |
| --- | --- |
| **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 / /