**Report of Plagiarism Detection Form**

**NUG 20-1**

**Faculty of Nursing, Burapha University**

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

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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)

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