



**REQUEST FORM FOR DATA COLLECTION PERMISSION**  
**Graduate School, Udon Thani Rajabhat University**

แบบฟอร์มขอหนังสือเก็บรวบรวมข้อมูล

Attention: Dean of Graduate School  
Subject: A Letter for Data Collection Permission  
Enclosure: 1. Certificate of Research Ethics  
2. Data Collection Instrument

FIRST NAME: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

SEMESTER / ACADEMIC YEAR: \_\_\_\_ / \_\_\_\_ STUDENT ID: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PROGRAM:  Master's Degree in \_\_\_\_\_

PhD Degree in \_\_\_\_\_

Thesis Proposal Approval Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Thesis Title (Thai): \_\_\_\_\_

Thesis Title (English): \_\_\_\_\_

Please kindly issue letters to the below institutions to grant permission for the data collection:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Comments by the Thesis Committee Members

Comments (If any):

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Signature: \_\_\_\_\_  
( \_\_\_\_\_ )

Major Advisor

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments (If any):

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Signature: \_\_\_\_\_  
( \_\_\_\_\_ )

1<sup>st</sup> Co-Advisor

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments (If any):

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Signature: \_\_\_\_\_  
( \_\_\_\_\_ )

2<sup>nd</sup> Co-Advisor

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Approved as proposed    To be reconsidered

Comments (If any):

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Signature: \_\_\_\_\_  
( \_\_\_\_\_ )

Dean of Graduate School

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_