

Graduate school Srinakharinwirot University

Result Form of Proposal MS/Ph.D.

Thesis Examination

To: Dean of Graduate School

The board members of the MS/ MA / Ph.D. in..... Field.....
 Faculty of..... would like to report and file the results of the graduate candidate's proposal of
 MS/Ph.D. Thesis (Please select the best fit.)

by Mr./ Mrs./ Miss/ Ms..... Student ID Number.....

Graduate Student in () Ph.D. programs () combined Masters–Ph.D. programs () Masters programs

E-mail Tel.

Title of MS/Ph.D. Thesis (in English).....

The graduate candidate had the proposal examination on date.....month.....year.....

venue.....

The results of the proposal examination (Please attached the committee's assessment with this form.)

() Pass

() Pass with condition Please strictly follow these suggestions.....

() Fail

First name-Last name	Signature	Position of the committee in the thesis proposal examination
1.		Chair (Member of the Program's administrative board)
2.		Committee member (Principal Advisor)
3.		Committee member (Member of the Program's administrative board)
4.		Committee member (Member of the Program's administrative board)
5.		Committee member and Secretary (Member of the Program's administrative board)

.....

(.....)

Chair, the Program's Administrative Board

Date Month Year

Approval of Dean of Graduate school

() Approved

() Other comments

.....
(.....)

Dean of Graduate school

Date Month Year