**GS 412**

**Graduate school Srinakharinwirot University**

**Result Form of Proposal MS/Ph.D.**

**Thesis Examination**

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**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) |

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

Chair, the Program’s Administrative Board

Date ............ Month ..................... Year ..............

**------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Approval of Dean of Graduate school**

 ( ) Approved

 ( ) Other comments ..........................................................................................................................................................................

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

 Dean of Graduate school

Date ............ Month ..................... Year ..............