**Abstract Submission Form**

**Graduate school Srinakharinwirot University**

**…………………………………………………………………………………………………………………………………………………..**

**Student Name** …………………………………………………………….…… **Student ID Number** ………………………..…..…………..

**E-mail** ……………………………………………………………………………………….……………… **Tel.** ………………………….……………………….

**Department** …………………………………………………………………………………………………………………………………………………………..

**Faculty** …………………………………………………………………………………………………………………………………………………………………..

**Title of Dissertation/ Thesis**

**(English) :** ..................................................................................................................................................................................

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**Principal Advisor** ...................................................................................................................................................................

**Final Oral Defense :** Date …………..……………….…… Month ……………..….……….……. Year ………………………...

**Abstract Submission :** Date ……..……….……… Month ……………..…………..………….…….…. Year ………………………...

**Abstract Review Results**

 ( ) **Pass**

 ( ) **Pass with condition** Please strictly follow the suggestions and feedback when revising.…………

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 ( ) **Fail** ……………………..………………….…………………….……………………………………………………………………………………

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Signature ………………………………………………………………

(……………………………………………………………)

 Abstract Reviewer

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