



**EVALUATION OF THE THESIS PROPOSAL DEFENSE EXAMINATION**

**Chulabhorn Graduate Institute**

Semester..... Academic Year .....

Student Name Mr./Miss/Mrs.....

--	--	--	--	--	--	--	--	--	--

Student ID

Program of study.....

Thesis Title (in English) (Use Capital Letters Only)

.....  
 .....  
 .....

Thesis Proposal Examination Date ..... Time .....

Venue .....

**① The Evaluation by The Examination Committee:**

- Passed
- Passed with conditions (please specify the conditions and time limit. Conditions must be met within 90 days) .....
- .....
- .....
- Not passed; the student must register to retake the thesis proposal examination on (specify date) .....

**② Signatures to acknowledge the evaluation of the proposal examination**

Position	Prefix First Name – Family Name	Signature / Date
Chairperson		
Committee		
Committee		
Committee	-	

Signature.....

(.....)

**Chairperson of the Program Management Committee**

...../...../.....