



EVALUATION OF THE THESIS DEFENCE EXAMINATION

Chulabhorn Graduate Institute

Semester..... Academic Year

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

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Student ID

Program of study.....

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

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Thesis Defence Examination Date Time

Venue

① The Evaluation by The Thesis Examination Committee:

- Passed
- Passed with conditions (please specify the conditions and time limit. Conditions must be met within 90 days. If there are much requires conditions, please use an additional paper.)

- 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

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Note:

- The thesis advisor must submit this form to Academic Vice Rector within 15 working days after the date of thesis defence examination.
- The thesis advisor must inform the evaluation of the thesis defence examination (Form T 11b) to the student within 5 working days after the date of thesis defence examination