T 11

Chulabhorn Graduate Institute

Result of Thesis Evaluation Mark

Academic Support Division

Date Receipt…………………….…..

Time…………………………….…..

Receiver……………………………

Semester……..……....**Academic Year**……………

Student's Name (Mr./Ms./Mrs.)…………………………………………..

Student ID

☐ Master ☐ Doctoral

Program of study……..…………………..…………………….……..…

Thesis Title……….……….……….……….……….……….……….………..……………..…………

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……………………………………………………………………………………………………

Thesis Defense Examination Date …...………………….Time ……………………..…..……..

Venue …..

Conclusion of Evaluation

No.	Committee	Total Mark
1		
2		
3		
4		
5		
Total		
Average		

☐ Outstanding (90 – 100) ☐ Very good (80 – 89) ☐ Acceptable (70 – 79) ☐ Unacceptable (Below 70)

Chairperson of the Thesis Defense Examination

Signature……...…………….......………………..…

(……………………………………..………………)

1. Committee

Signature………………………………………..

(……..…………………………………………….)

2. Committee

Signature……………………………………………

(………………………………………………….....)

3. Committee

Signature………………………………………..

(……..…………………………………………….)

4. Committee

Signature……………………………………………

(………………………………………………….....)

Date…………/…………………….…/……………