



CHULABHORN  
ROYAL ACADEMY

## Chulabhorn Graduate Institute

T 12

### T12 Turnitin Originality Report Form

Office of Academic Support Division

Date Receipt.....

Time.....

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

Student Name (Mr./Ms./Mrs.).....

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Student ID

Program of study.....

☐ Master ☐ Doctoral

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

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Turnitin Originality Report is being attached (only the first page on which the name of the student appears together with Similarity Index) as based on the detection of the contents of the complete thesis draft, which has been submitted to the office of Academic Support Division, Chulabhorn Graduate Institute. The result of the detection of duplicate and similar materials yields ..... percent of such materials in the contents of the complete thesis draft.

(Note: According to the criteria for the duplicate and similar materials in the thesis set forth in the Chulabhorn Graduate Institute Announcement on Practical Guidelines on Detection of Plagiarism in the Administration of Graduate Studies B.E. 2563, the amount of such materials must not exceed 30 percent of the contents of the thesis).

Student's Signature.....

(Mr./Ms./Mrs.).....)

Date...../...../.....

Comments on Similarity Index

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Signature.....

( ..... )

Thesis Advisor

Date...../...../.....