

Graduate School, Burapha University

GRD-T 005 (Eng)

Student Master’s thesis oral examination report form

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**To Dean of Graduate School**

Master’s thesis oral examination committee of (Mr. / Mrs./Ms.)

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Student ID Program

Major/Pathway Faculty

Beginning year of study ⭘ First Semester ⭘ Second Semester Study type⭘ Full-time ⭘ Part-time

Study Plan ⭘ A 1 (Thesis 36 credits) ⭘ A 2 (Coursework 12 credits and thesis 12 credits)

Master thesis title

Taking Master’s Thesis oral examination on Date Month Year

Grade received  **⭘** Passed the criteria (S) **⭘** Passed with condition (I) **⭘** Not passed (U)

**Suggestions / Advise for improvements**

Signature Chairperson Signature Committee

( ) ( )

Signature Committee Signature Committee

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| Acknowledged (Signature)…………………………………………..  (……………………………………………….…) Program DirectorDate ………Month………..Year …………… | Acknowledged(Signature)…………………………………………..………(……………………………………………….…)Head of Department/DivisionDate ………Month………..Year …………… |
| Acknowledged  (Signature)…………………………………………………  (………………………………………………..) Dean, Faculty of................................................Date ………Month………..Year …………… | Acknowledged  (Signature)…………………………………………………  (……………………………………………….) Dean of Graduate SchoolDate ………Month………..Year …………… |

**Note:** Faculty / College informed the thesis oral examination results by submitting this completed form which signed by the Faculty’s Dean to the Graduate School **within 15 days** from the date of the thesis oral examination.