



Report form of oral dissertation examination results

To Dean of Graduate School

Committee for oral dissertation examination of (Mr. / Mrs./Ms.)

Student ID [grid]

Program

Major/Pathway Faculty

Beginning year of study First Semester Second Semester Full-time Part-time

Type of Study

- 1.1 (Completed Master's degree and take dissertation 48 credits)
1.2 (Completed Bachelor's degree and take dissertation 72 credits)
2.1 (Completed Master's degree, take course works 12 credits, and dissertation 36 credits)
2.2 (Completed Bachelor's degree, take course works 24 credits, and dissertation 48 credits)

Telephone E-mail

Dissertation title

Taking oral dissertation examination on Date Month Year

Dissertation Grade received

- Passed the criteria (S) Passed with condition (I) Not passed (U)

Suggestions/ Advise for improvement (attached)

Signature Chairperson

Signature Committee

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Signature Committee

Signature Committee

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Signature Committee

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<p style="text-align: center;">Acknowledged</p> <p>(Signature)..... (.....)</p> <p style="text-align: center;">Program Director</p> <p>Date Month..... Year</p>	<p style="text-align: center;">Acknowledged</p> <p>(Signature)..... (.....)</p> <p style="text-align: center;">Head of Department/Division</p> <p>Date Month..... Year</p>
<p style="text-align: center;">Acknowledged</p> <p>(Signature)..... (.....)</p> <p style="text-align: center;">Dean, Faculty of</p> <p>Date Month..... Year</p>	<p style="text-align: center;">Acknowledged</p> <p>(Signature)..... (.....)</p> <p style="text-align: center;">Dean of Graduate School</p> <p>Date Month..... Year</p>

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