



**Report of Examination Agenda and Master Thesis
Defense Committees to the Graduate School**

GS.A. 6

For Master's Programs

Program Title: _____ Field of Study: _____

College/Institute/Faculty: _____ Rangsit University

Mr./Ms./Mrs. _____ Student ID Number: _____

The thesis title has been approved by the thesis examination committee on _____ (Date)

Language written in the thesis: English Other(s)

Thesis Title: _____

Examination Date: _____ Time: _____ Venue: _____

Master Thesis Committees:

1. Prof./Assoc. Prof./ Asst. Prof./Dr. _____ Committee Chair

Highest Degree: _____

Organization: _____

2. Prof./Assoc. Prof./ Asst. Prof./Dr. _____ Committee

Highest Degree: _____

Organization: _____

3. Prof./Assoc. Prof./ Asst. Prof./Dr. _____ Committee

Highest Degree: _____

Organization: _____

4. Prof./Assoc. Prof./ Asst. Prof./Dr. _____ Committee

Highest Degree: _____

Organization: _____

5. Prof./Assoc. Prof./ Asst. Prof./Dr. _____ Committee

Highest Degree: _____

Organization: _____

6. Prof./Assoc. Prof./ Asst. Prof./Dr. _____ Committee

Highest Degree: _____

Organization: _____

Signature _____

(_____)

Committee Chair / Thesis Advisor

Signature _____

(_____)

Program Director

Date: _____

Date: _____