



**Report of Thesis Examination Result
to the Graduate School**

GS.A 7

For Master's Programs

Program Title: _____ Field of Study: _____

College/Institute/Faculty: _____ Rangsit University

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

Thesis Title: _____

Examination Date: _____

Thesis committees' decision towards the student's performance:

Satisfactory and described as: Pass Good Excellent
(See the evaluation criteria overleaf.)

Unsatisfactory and the student must retake the examination not later than _____
_____ (Date)

1. Signature _____ Committee Chair
Prof./Assoc. Prof/ Asst. Prof. _____ (Full name)
Date: _____

2. Signature _____ Committee
Prof./Assoc. Prof/ Asst. Prof. _____ (Full name)
Date: _____

3. Signature _____ Committee
Prof./Assoc. Prof/ Asst. Prof. _____ (Full name)
Date: _____

4. Signature _____ Committee
Prof./Assoc. Prof/ Asst. Prof. _____ (Full name)
Date: _____

5. Signature _____ Committee
Prof./Assoc. Prof/ Asst. Prof. _____ (Full name)
Date: _____

Signature _____
(_____)

Program Director

Date: _____

Remark: Please return GS.A 7 to the Graduate School within 15 days after the examination date.