



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

GS.A 3

For Master Programs

Program Title: _____ Field of Study: _____

College/Institute/Faculty: _____ Rangsit University

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

has completed the thesis proposal examination on _____ (Date)

The thesis proposal examination committees' decision towards student's performance:

Satisfactory Unsatisfactory

Committees' Approval Signatures

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 _____ Advisor

Prof./Assoc. Prof./ Asst. Prof. _____ (Full name)

Date: _____

Signature _____

(_____)

Program Director

Date: _____

Remark: Please return GS.A. 3 to the Graduate School within 15 days after the examination date.