



Report of Independent Study Examination Result to the Graduate School

GS.B3

For Master's Programs

Program Title: _____ Field of Study: _____

College/Institute/Faculty: _____ Rangsit University

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

Examination Date: _____

The independent study committees' decision towards the student's performance:

A B+ B C+ C F

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 the GS.B3 to the Graduate School within 15 days after the examination date.