



Report of Doctoral Thesis Proposal Examination Result to the Graduate School

GS.D5

For Doctoral 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 the student's performance:

Satisfactory Unsatisfactory

Committees' Approval Signatures:

1. Signature _____ Chair of the Examination
Committee and External Expert

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

Date: _____

2. Signature _____ Committee Member
and External Expert

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

Date: _____

3. Signature _____ Committee

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

Date: _____

4. Signature _____ Advisor

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

Date: _____

5. Signature _____ Co-advisor

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

Date: _____

Signature _____
(_____)

Program Director

Date: _____

Remark: Please return GS.D.5 to the Graduate School within 15 days after the examination date.