# 2010LogoF2

**Plagiarism Checking Certificate**

I, (Mr./Miss/Mrs.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Institute/Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rangsit University

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Research ( ) Doctoral thesis ( ) Master’s thesis ( ) Independent study

Research Title Please type or write legibly.

English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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have my research as stated above checked on Day \_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_, and the checking results are as follows:

* Turnitin : Similarity percentage as reported: \_\_\_\_\_\_\_\_
* Akarawisut : Similarity percentage as reported: \_\_\_\_\_\_\_\_

I have, hereby, attached the results as reported above (only the first part) together with this certificate.

I certify that the research of which the title is stated above is my own original work. Each of its parts is not taken from others’ and is cited following international practice. If my certification is not valid, I am willing to accept any punishment as stated in Rangsit University’s regulations.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Approval of Plagiarism Checking** | |
| **Advisor’s comment**  ○ Approval of the Similarity Check Results  ○ Disapproval Due to .............................................  .............................................................................................  .............................................................................................  .............................................................................................  …………………………………………………………………..  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Advisor  \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | **Program Director’s comment**  ○ Approval of the Similarity Check Results  ○ Disapproval Due to .............................................  .............................................................................................  .............................................................................................  .............................................................................................  …………………………………………………………………..  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Director  \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |