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**Faculty of Science**

**Staff Only**

**Date………………….**

**Time.......................................**

**SC 08**

**Thesis/Dissertation Oral examination Report**

Student’s name ………………………………………………Student ID……..……………… Semester .........../20.......

🔾 Master’s of Sciences Plan 🔾 A1 (ก1) 🔾 A2 (ก2)

🔾 Doctoral Degree Plan 🔾 1.1 🔾 1.2 🔾 2.1 🔾 2.2
Major : …………………………............................................. Phone : …………………………….……e-mail : .................................

**2. Thesis Information**

 Title in English (Approved by the examination committees) ………..

 Proposal be accepted on Month Year

**3. Thesis/Dissertation oral examination report.**

 Date / /. Time

 Location

 **Examination Committee**

 1) Chairperson

 2) Member

 3) Member

 4) Member

 5) .Member

**Remarks** Submitted to the Faculty of Sciences with the form SC08/1 within 2 working days after defend the thesis/Dissertation

**4. Examination Result**

 ⬜ Pass (S)

 ⬜ Pass with condition (I) those suggested by the committee (Give the details if any)

 The student/candidate has 90 days after the examination for the correction.

 ⬜ Unsatisfactory (U) with suggestion

Signed Chairperson Signed Member

 ( ) ( )

 Date………./ ………………./………… Date ………../..………………./………...

Signed Member Signed Member

 ( ......) ( )

 Date………./ ………………./………… Date ………../..………………./………...

Signed Member

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 Date………./ ………………./…………

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| **Recommendation:**🔾 **endorsed** 🔾 **Not endorsed**Signed……………………………..……………. …(……………………………………………...)Chairperson, Degree Program CommitteeDate……................….…. | **Recommendation:**🔾 **endorsed** 🔾 **Not endorsed**Signed……………………………..…………….(……………………………………………...)Head of DepartmentDate……......................….… |
| **Approval Status**🔾 **Approved** 🔾 **Not Approved** Signed ……………………………………………………. (……………………………………………...) Dean of Faculty of Science Date……….../………..…/…….…. |