

**GR 36 EVALUATION OF THE COMPREHENSIVE EXAMINATION
(FOR MASTER'S DEGREE PROGRAM IN PLAN B)**

Master's Program Field of Study

Faculty / Institute / CollegeMahidol University

Mr. / Miss / Mrs. / Ms. / Other (specify)

Student ID No / M

Program Thai International Part time

Study Plan Courses and Thematic paper

THE COMPREHENSIVE EXAMINATION

- Written examination on date..... PASSED NOT PASSED
- Oral examination on date..... PASSED NOT PASSED
- Other (please specify)
on date..... PASSED NOT PASSED

SIGNATURES TO ACKNOWLEDGE THE EVALUATION OF THE COMPREHENSIVE EXAMINATION COMMITTEE

1.Chair
Lect. /Asst. Prof. /Assoc. Prof. /Prof.
Date.....
2. Member
Lect. /Asst. Prof. /Assoc. Prof. / Prof.
Date.....
3. Member
Lect. /Asst. Prof. /Assoc. Prof. / Prof.
Date.....
4. Member
Lect. /Asst. Prof. /Assoc. Prof. / Prof.
Date.....

Signature.....
(.....)

Program Director

Date.....

- Note :**
1. Submit this form (GR. 36) to the appropriate branch office of the Faculty of Graduate Studies within 15 working days after the examination date.
 2. If there are more than 4 members on the Comprehensive Examination Committee, please use an additional form.