



ORAL QUALIFYING EXAMINATION EVALUATION FORM

แบบฟอร์มประเมินการสอบวัดคุณสมบัติ (ปากเปล่า)

FIRST NAME Mr./Ms. LAST NAME

SEMESTER/ACADEMIC YEAR / STUDENT ID -

PROGRAM

Master Degree

Ph.D. Degree

Program A1 : Research Oriented Project
(2-year program)

Program 1.1: Research Oriented Project (3-year program)

Program 1.2: Research Oriented Project (5-year program)

Program A2: Research and Coursework
(2-year program)

Program 2.1: Research and Coursework (3-year program)

Program 2.2: Research and Coursework (5-year program)

SCHOOL OF BSE ESE IST MSE

Research Title (CAPITAL LETTER only)

Date of Examination: Venue:

Comments:

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Suggestions:

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Examination Committee Member

Date