



SIRINDHORN INTERNATIONAL INSTITUTE OF TECHNOLOGY
THESIS FINAL DEFENSE FORM

Name of Student: Mr. Ms. Mrs. _____ Student ID No.: _____

Affiliation: School of _____

- Degree Sought:
- M.Sc. (Engineering and Technology) ****ID 54-55****
 - M.Sc. (Engineering and Technology) Plan A1 Plan A2 ****ID 56 up****
 - M.Sc. (Management Mathematics)
 - M.Eng. (Engineering Technology)
 - M.Eng. (Information and Communication Technology for Embedded Systems)
 - M.Eng. (Logistics and Supply Chain Systems Engineering) Plan A2 Plan B
 - Ph.D. (Engineering) Ph.D. (Technology)
 - Ph.D. (Engineering and Technology) Plan 1.1 Plan 2.1 ****ID 54 up****

Semester: 1st semester 2nd semester Summer Academic Year: _____

Thesis Title: _____

Note: Attach the result of the Thesis in the Turnitin system. The comments of the External Examiner (Form: G13 for doctoral only) must be presented to the committee, along with the student's responses to comments, and the (passed) English proficiency requirement.

Turnitin Result (%): _____

Assessment of Thesis Final Defense

The committee, the undersigned, recommends that

- The thesis be approved.
- The thesis be approved with the following conditions.
- The thesis not be approved.

Comments: _____

Quality of Thesis Excellent Very good Good Fair

Name	Signature	Date
Advisor		
Co-Advisor (if any)		
Committee Member and Chairperson of Examination Committee		
Committee Member		
Committee Member		
Committee Member		

Remark: 1. At least 3 members for a master's degree. 2. At least 5 members for a doctoral degree.

Signature _____ Date _____
(Head of School)

Forward this form to the Academic Services and Registration Division (AS&R)

This has been recorded in the academic record. _____ Date _____
(Signed by AS&R Officer)