



SIRINDHORN INTERNATIONAL INSTITUTE OF TECHNOLOGY
THAMMASAT UNIVERSITY
EXTERNAL EXAMINER COMMENT FORM

Thesis Title:

Name of Student: Student ID No.:

Name of Advisor:

Name of External Examiner:

Signature: Date:

Overall Recommendations

- Approve without any revision
- Approve if revisions are made according to the following comments
- Disapprove because of the reasons shown in the following comments

Detailed Comments

Please substantiate your overall recommendations with written comments.

(Continue on additional sheets, if necessary.)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....