



SIRINDHORN INTERNATIONAL INSTITUTE OF TECHNOLOGY
COMPREHENSIVE EXAMINATION FORM FOR
M. Eng. (Logistics and Supply Chain Systems Engineering) (Plan B)

Name of student: Mr. Ms. Mrs. **Student ID No.:**

Affiliation: School of

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

Time: 1st 2nd 3rd (last) time for Comprehensive Examination

Research Topic:
.....

Assessment of Comprehensive Examination

Written Exam	and/or	Oral Exam
<input type="checkbox"/> Pass		<input type="checkbox"/> Pass
<input type="checkbox"/> Not Pass		<input type="checkbox"/> Not Pass

Comments:
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Name	Signature	Date
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.....
Chairperson of Comprehensive Examination Committee

.....
Committee Member

.....
Committee Member

Remark: The number of comprehensive examination committee members should be at least 2, but not more than 3.

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)

Remark: A comprehensive examination can be taken if the student has gained 24 credits with a minimum cumulative GPA of 3.00.