



Result of Doctoral Proposal Defense

At least three members including the chairman of DRSC must sign the result sheet

Part I: To be filled in by the chairman of the DRSC

1. Name of the student:.....
2. Department:.....
3. Date of admission:.....
4. Student ID:.....
5. Session:.....
6. Year:.....
7. Semester:.....
8. Title of the thesis:.....
9. Studentship status: (a) Full time (b) Part-time (Circle the appropriate option)
10. Date of previous proposal defense, if any:

First:

Second:

Third:

11. Result of the proposal defense

Course title	Earned credits/points	Latter grade

Date and Signature of DRSC Members

	Name and designation	Signature with date
6.	Chairman	
7.	Member:	
8.	Member:	
9.	Member:	
10.	Member:	

Part II: To be forwarded by the chairman of the department

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Date and signature of the chairman