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| Dent QE-2 |



**Report of Qualifying Examination Result**

**Doctor of Philosophy program in Oral Health Sciences**

**Faculty of Dentistry, prince of Songkla University**

**Student’s name:** …………………………………… **Student’s ID:** ………………**Study plan** □ 1.1 □ 1.2 □ 2.1 □ 2.2

**QE date and time:** ………………………………………………………………………………..

**At** …………………………………………………………………….……………., Faculty of Dentistry

**Topic:** ……………………………………………………………………………………………

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| **Student’s name**  | **Examination methods** | **QE committee**  | **Result** |
| Assoc.Prof.Dr………. | Assoc.Prof.Dr………. | …………………. | ……………………… | …………………… | □ Passed □ Failed |
|  | Oral presentation | □ Passed □ Failed | □ Passed □ Failed | □ Passed □ Failed | □ Passed □ Failed | □ Passed □ Failed |
| **Note**: At least half of the members must agree to give the pass result.  |

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| --- | --- |
| (Sign) ……………………………………………… Program chair (……………………………………………………) | (Sign) ……………………………………………… Examiner  (…………………………………………………….) |
| (Sign) ……………………………………………… Main advisor (……………………………………………………) | (Sign) ……………………………………………… Examiner (…………………………………………………….) |
| (Sign) ……………………………………………… Co-advisor  (………………………………………………….) |  |

**Qualifying Examination’s Suggestion**

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