

## The Graduate School Kasetsart University

## Approval of Study Plan



Student's N	Name: ( Mr/Miss/Mrs/Title )	Last name:			
Degree:		_	Plan 2.1	O Plan 2.2	
	Master's Degree O Plan A1 O	Plan A2 O I	Plan B		
Program:	Regular Program Special Program		☐ Gol	den Jubilee Pro	ogram
	Regular Program (International) Special Program	ogram (International)			
Student's I	D No.: Major Field:	(N	Major Field	l Code:	)
Subject Gro	oup (if any): De	epartment:			
Minor Field	d (if any): Ca	impus:			
Semester/Y	Year of Admission:	Phone No.:			
Major Cou	urses Required:				
Course	Course Title (English)	Course Classification	Credits	Registration	Remarks
Code	Course Title (English)	(Required/Elective/Related		Classification	Kemarks
		Total		-	
Minor Cou	urses Required:				
Course	Course Title (English)	Course Classification	Credits	Registration	Remarks
Code	Course Title (English)	(Required/Elective/Related		Classification	Remarks
		Total			

<sup>\*</sup> **Remark** 1. One original and two photocopy are required for submission to the Graduate School, no later than the end of the second semester.

<sup>2.</sup> Copies of approved study plans must be given to all committee members.

Other Courses:							
Course	Course Title (F	nalish)	Course Classific		Credits	Registration	Remar
Code	Course Title (English)		( Condition / Others )		Credits	Classification	remar.
							•••••
			Total	_		•	
English Proficiency: O Englis	h proficiency	test passed					
		ther test (IELTS, TOEFL) or	academic transcr	ipt from	previous	s international s	tudies
O Await	ing result from	m English Proficiency test					
O To reg	sister for the I	English Proficiency course					
		Student's Signat	ure:				••••
		D	ate:				
The proposed study plan is in a	occordance w	vith the curriculum and w	rith all denartme	nt real	iiremen	te	
			itii aii ucpartiii	nt requ			
Approved by Student's Adviso	ry Committe	ee:					
		Name and Ti	tle	Code	Signat	ture Dat	e
Thesis Advisor / Advisory Committee	Chairperson					/	./
Thesis Co-advisor / Committee Men	mber					/	./
Thesis Co-advisor / Committee Men	mber						
Thesis Co-advisor / Committee Mer	mber					/	/
Thesis Co-advisor / Committee Mer	mber					/	./
	Head of De	partment / Graduate Pro	gram Committe	e Chair	person:		
	Signature	<b>:</b>					
		(		)			
		Date:/					
(For KU Graduate School Offic	cer Only)						
The Associated D	-	las Danas					
To: Associate Dean		o: Dean					
The proposed study plan mee		For approval			App	roved	
requirements and was approved	by the						
advisory committee.							
		Associate Dean	i			Dean	
Date://		Date://.		Date:	/	//.	