



The Graduate School
Kasetsart University

GS. 06



Application for Comprehensive/ Qualifying Examination

Student's Name: (Mr/Miss/Mrs./Title) Last name:.....

Degree: [] Doctoral Degree [] Plan 1 (2)/1.1 [] Plan 1 (1)/1.2 [] Plan 2 (1)/2.2 [] Plan 2 (2)/2.1

[] Master's Degree [] Plan A (1)/A1 [] Plan A (2)/A2

Program: [] Regular Program [] Special Program [] Golden Jubilee Program

[] Regular Program (International) [] Special Program (International)

Student's ID No.: Major Field: (Major Field Code:)

Subject Group (if any): Department:

Minor Field (if any): Campus:

Semester/Year of Admission:/..... Contact Phone No.:

Thesis Title:

Request to Take the Comprehensive Examination: [] Written [] Oral [] Written and Oral

Examination Committee:

Name and Title

Code

Signature

Date

Main Thesis Advisor /Chairperson

Thesis Co-Advisor /

Committee Member

Thesis Co-Advisor /

Committee Member

Thesis Co-Advisor /

Committee Member

Thesis Co-Advisor /

Committee Member

Student's Signature: Date:

Advice/Recommendation:

(Thesis Advisor / Chairperson)

Advice/Recommendation:

(Head of Department /Graduate Program Committee Chairperson)

Signature:

(.....)

Date:/...../.....

Signature:

(.....)

Date:/...../.....

(For KU Graduate School Officer Only)

To: Dean

The applicant is qualified for the examination.

[] approval [] appointment of the Graduate School representative

[] approved and/or [] The Graduate School would like to invite

Department of.....

to serve as the Graduate School representative.

Dean

Consent of the Graduate School representative:

[] Accepted [] Unable to accept due to.....

Signature: Date:/...../.....

Assigned date of examination (must be within 30 days after the appointment of the representative) :

Date:/...../..... Time: from.....to

Place: Room: Floor: Building:

Faculty: Representative Code:.....