Qualifying Examination Request Form

For Doctoral Students in the Materials Engineering Program

Department of Materials Engineering, Faculty of Engineering, Kasetsart University

For Doctoral Students in the Materials Engineering Program

Department of Materials Engineering, Faculty of Engineering, Kasetsart University

Full Name: .....Student ID: .....

Enrollment Since Semester: .....Academic Year: .....Phone Number: .....

Thesis Title in Thai: .....

.....

Thesis Title in English: .....

.....

.....

I hereby request to take the **Qualifying Examination (Interview Format)**, with the following thesis advisors:

1. Thesis Advisor..... Signature .....
2. Co-Advisor..... Signature .....
3. Co-Advisor..... Signature .....
4. Co-Advisor..... Signature .....

Student's Signature: ..... Date: ..... / ..... / .....

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1)To: Head of the Department of Materials Engineering

The Program Chair proposes the following additional examiners:

1. ..... Program Representative (Faculty Member)
2. ..... Graduate School Representative

Signed,.....

(Assoc. Prof. Parinya Chakartnarodom)

Program Chair

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

2. To: Main Thesis Advisor / Program Chair

☐ Approved as proposed by the Program Chair

☐ Additional comments: .....

Signed,.....

(Assoc. Prof. Ratchatee Techapiesancharoenkij)

Head of the Department of Materials Engineering

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

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 ○ Plan B (Student ID since 2016 to present.)

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)

………………………………………………………………

………………………………………………………………

Signature: ……………………………………………....

(……………………………………………………………)

Date: ………………/…………………/………………..

Advice/Recommendation:

(Head of Department /Graduate Program Committee Chairperson)

………………………………………………………………

………………………………………………………………

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:……………………………

Advisory Committee's Timetable

For Comprehensive Examination/ Qualifying Examination/ Final Oral Examination

Student's Name: ..... Major Field: .....

	Date:			Date:			Date:			Date:		
	9.00 AM - 12.00 PM.	1.00 – 4.00 PM.	4.00 – 7.00 PM.	9.00 AM - 12.00 PM.	1.00 – 4.00 PM.	4.00 – 7.00 PM.	9.00 AM - 12.00 PM.	1.00 – 4.00 PM.	4.00 – 7.00 PM.	9.00 AM - 12.00 PM.	1.00 – 4.00 PM.	4.00 – 7.00 PM.
Thesis Advisor												
Thesis Co-Advisor												
Thesis Co-Advisor												
Thesis Co-Advisor												

Remark: Please mark " ✓ " in at least 3 boxes if you are available for the examination at the relevant time.

Thesis Advisor Signature: ..../...../.....

(.....)

Thesis Co-Advisor Signature: ..../...../.....

(.....)

Thesis Co-Advisor Signature: ..../...../.....

(.....)

Thesis Co-Advisor Signature: ..../...../.....

(.....)

September 2017