



Application for Comprehensive/ Qualifying Examination
for Plan B Students *

Student's Name: (Mr/Miss/Mrs/Title)..... Last name:
Master's Degree Plan B [] Regular Program [] Special Program
[] Regular Program (International) [] Special Program (International)
Student's ID No.: Major Field: (Major Field Code:)
Subject Group: Department:
Minor Field: Campus:
Semester/Year of Admission:/..... Contact Phone No.:
Request to Take the Comprehensive Examination: [] Written [] Verbal [] Written and Oral

I hereby complete all requirements in accordance with the Graduate School regulations as follows:

- 1. Major:.....credits Minor:.....credits Thesis:.....credits Total:.....credits
2. Graduate Grade Point Average: Undergraduate Grade Point Average:
3. Registered/ Utilize result from other test (IELTS, TOEFL) or academic transcript from previous international studies / Passed
Proficiency test on:/...../.....

Table with 5 columns: Advisory Committee, Name and Title, Code, Signature, Date. Rows include Chairperson and four Committee Members.

Student's Signature: Date:

Advice/Recommendation: (Advisory Committee Chairperson) and (Head of Department /Graduate Program Committee Chairperson)
Signature: Date:

(For KU Graduate School Officer Only)

To: Dean
The applicant is qualified to take the examination, approval and appointment of chairperson and external examiner are recommended.
Signature: Date:
2. The Graduate School would like to invite
.....to serve as examination chairperson
..... to serve as external examiner
Signature: Date:

Consent of invited examination committee:
[] Accepted [] Unable to accept due to.....
Chairperson's Signature: Date:
[] Accepted [] Unable to accept due to.....
External Examiner's Signature: Date:

Assigned date of examination (must be within 7 days after the appointment of the representative).
Date: Time: from..... to
Place: Room: Floor: Building:
Faculty: Representative Code:.....

* Remark: For students who started studying after the first semester of 2005.