The Graduate School
Kasetsart University

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: ……….……/…….………/……………..

Advisory Committee:

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<th>Name and Title</th>
<th>Code</th>
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Student’s Signature: ……………………………………… Date: ………………………

Advice/Recommendation:
(Advisory Committee Chairperson)

(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: ………………………

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.

March 2008