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

Degree: 
- Doctoral Degree
- Master’s Degree

Plan 1 (2)/1.1  
Plan 1 (1)/1.2  
Plan 2 (1)/2.1  
Plan 2 (2)/2.1

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.: ………………..………..…….……...……...…

Request to Take the Final Examination after Completing 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: ……………………..…  Undergrad uate Grade Point Average: ……………..……………..…...
3. Thesis proposal approved on: ………………………………………………………………………………………………………..……
4. A complete thesis /study report, as advised by the committee, is attached.

Advisory Committee:

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Code</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Thesis Advisor / Chairperson</td>
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<td>Thesis Co-Advisor / Committee Member</td>
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</tbody>
</table>

Student’s Signature: ……………………………………… Date: …………………

Advice/Recommendation:  
(Thesis Advisor / Chairperson)

Advice/Recommendation:  
(Head of Department /Graduate Program Committee Chairperson)

Signature: …………………………….. Date: …………………
(…….………………………….……………….……)

Date: …………………./……/…….

(For KU Graduate School Officer Only)  
I. To: Dean

The applicant is qualified to take the final examination.  
Appointment of 
- Chairperson and External Examiner
- The Graduate School representative is recommended.

Signature: …………………………….. Date: …………………

II. The Graduate School would like to invite

The Graduate School Representative’s Signature …………………………….. Date: …………………

Invitation of Examination Committee.

- Accepted
- Unable to Accept due to ………………………………………………………………………………………………………………..

Examination Chairperson’s Signature …………………………….. Date: …………………

External Examiner’s Signature …………………………….. Date: …………………

The Graduate School Representative’s Signature …………………………….. Date: …………………

Assigned date of examination (at least 7 days must be allowed after the appointment of Chairperson, External Examiner and the Graduate School representative.)

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

Place: …….. …..………….. Room: ….. Floor: ….. Building: …..

Faculty: …….. …..………….. Representative Code: …..

March 2008