**Request Form for Qualifying Examination**

❶ Dear Associate Dean for Educational Affairs, (with academic advisor’s recommendation)

**(For Student)**

 I am (MR./MS./MISS)……………………………… Student ID No………………………

Program…………………………………………………..Field of Study………….……………….

Educational plan: ○ 1.1 ○ 1.2 ○ 2.1 ○ 2.2

On semester……………….. of year ………….. I would like to take a Qualifying Examination since I have done all the requirement as indicated in the program, and

 □ Completed all specific courses on program

 □ Enrolled 550 003 Qualifying Examination course

Signature………………………………

(………………………………….)

Date…………………………

❷ **(For Academic Advisor)**

Proposed Qualifying Examination Committee Members are as follow:

1. …………………………………………………….. Chairman of committee
2. …………………………………………………….. member
3. …………………………………………………….. member
4. …………………………………………………….. member
5. …………………………………………………….. member

Examination Date………………………Time……………………………Venue……………… …

 Signature……………………………. Academic Advisor

 (…………………………………..)

 Date……………………………

❸ Comment of Program director

 □ Approved, and proceeded

 □ Not approved …………………………………..................................................

 Signature……………………………… Program director

 (……………………………………)

 Date……………………