



Request Form for Qualifying Examination

1 Dear Chairman of Graduate Studies, The Faculty of Pharmacy (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.....

2 (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.....

3 Comment of Program director

- Approved, and proceeded
- Not approved

Signature..... Program director
(.....)
Date.....