



Comprehensive/Qualifying Examination

G.005
Graduate College
KMUTNB

Date.....

Subject Comprehensive Examination Qualifying Examination

To Dean of Graduate College

Name (Mr., Mrs., Miss)..... ID.No. _ _ - _ - _ - _ - _ -

Degree level Doctoral Normal Special Plan.....Period..... Campus Bangkok Prajinburi Rayong

Master Normal Special Plan.....Period..... Campus Bangkok Prajinburi Rayong

Major.....Field.....Abbreviation.....

Mobile Phone..... E-mail.....

Submitted for Comprehensive Examination (1st/2nd) Qualifying Examination (1st/2nd)

..... Student
(.....)

..... Advisor
(.....)

Date.....

..... Department Head
(.....)

Date.....

Officials for Graduate College (for regular student)

The fee for Comprehensive Examination

Qualifying Examination

600 baht was received, receipt no...../.....

..... Graduate College_Staff
(.....)

Date.....

Officials for Graduate College

Please approve for the

Comprehensive Examination

Qualifying Examination

..... Graduate College_Staff
(.....)

Date.....

Approved

..... Dean of Graduate College
(.....)

Date.....

