

GR 35 QUALIFYING EXAMINATION AND COMMITTEE

Doctoral Program Field of Study
Faculty / Institute / College **Mahidol University**
Mr. / Miss / Mrs. / Ms. / Other (specify)
Student ID No / D
Program **Thai** **International** **Part time**
Study Plan **Courses and Thesis** **Thesis only**

THE QUALIFYING EXAMINATION

- Written Examination on (d.date).....time.....
venue.....
 Oral Examination on (date).....time.....
venue.....
 Other (please specify).....
date..... time.....
venue.....

QUALIFYING EXAMINATION COMMITTEE

1. Lect. / Asst.Prof. / Assoc.Prof. / Prof./Chair
Highest degree obtained
 employed at Department/unit.....Faculty/Institute/College.....
 Outside Specialist Affiliation.....
Ask for permission No need Ask for permission from (position).....
2. Lect. / Asst.Prof. / Assoc.Prof. / Prof./ Member
Highest degree obtained
 employed at Department/unit.....Faculty/Institute/College.....
 Outside Specialist Affiliation.....
Ask for permission No need Ask for permission from (position).....
3. Lect. / Asst.Prof. / Assoc.Prof. / Prof./ Member
Highest degree obtained
 employed at Department/unit.....Faculty/Institute/College.....
 Outside Specialist Affiliation.....
Ask for permission No need Ask for permission from (position).....
4. Lect. / Asst.Prof. / Assoc.Prof. / Prof./Member
Highest degree obtained
 employed at Department/unit.....Faculty/Institute/College.....
 Outside Specialist Affiliation.....
Ask for permission No need Ask for permission from (position).....

Signature
(.....)

Program Director

Date.....

Note : 1. Submit this form (GR 35) to the appropriate branch office of the Faculty of Graduate Studies within 15 working days before the examination date.
2. If there are more than 4 members of the qualifying examination committee, please use an additional form.