



OFFICE OF THE POSTGRADUATE STUDIES, MAE FAH LUANG UNIVERSITY

Qualifying Exam Request Form

Semester First Second Academic Year _____

PART 1: For Student

1.1 Personal details

Name Mr. / Miss / Mrs. _____ Student ID _____

Study program _____ Major _____

Plan _____ School _____ E-mail : _____

Phone _____ Study level Ph.D. Degree Master's Degree (Please attach required document)

1.2 Request details

Examination No. First Second

Exam date _____

Student	Signed _____ (_____)	Date ____/____/____
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PART 2: For School Use Only

General Advisor	Comments _____ _____ _____	Signed _____ (_____)	Date ____/____/____
Programme Chairperson	Comments _____ _____ _____	Signed _____ (_____)	Date ____/____/____
Dean	Comments _____ _____ _____	Signed _____ (_____)	Date ____/____/____

PART 3: For Office of the Postgraduate Studies

Finance and Accountant	<input type="checkbox"/> Exam fee paid with the receipt number _____	Signed _____ (_____)	Date ____/____/____
Head	<input type="checkbox"/> Please proceed as requested.	Signed _____ (_____)	Date ____/____/____

*Please note that the request must be submitted to the Office of the Postgraduate Studies at least 30 days prior to the exam date.