

No.

Date.

Time.



OFFICE OF THE POSTGRADUATE STUDIES, MAE FAH LUANG UNIVERSITY

Qualifying / Comprehensive Exam Request Form

Semester

First

Second

Academic

Year 2017

PART 1: For Student

1.1 Personal details

Name _____ Student ID _____

Study program Doctor of Philosophy Program in Biotechnology Major Biotechnology Plan 1.1

School of Science E-mail: _____ Phone 0-1724-5632

Study level Ph.D. Degree Master's Degree

1.2 Request details

Examination Request. Qualifying Exam Comprehensive Exam

Examination No. First Second

Exam date 15-12-2015

Signed _____

(_____)

Date

____/____/____

PART 2: For School

The student have qualifications according to Mae Fah Luang University Regulation Subjects: Postgraduate studies B.E.2560

General Advisor	Comments _____ _____ _____	Signed _____ (_____ Mr.test system _____)	Date ____/____/____
School Postgraduate Committee	Comments _____ _____ _____	Signed _____ (_____)	Date ____/____/____
Dean	Comments _____ _____ _____	Signed _____ (_____)	Date ____/____/____

PART 3: For Office of the Postgraduate Studies			
Qualification checklists for comprehensive examination. (Plan B)			
<input type="checkbox"/> The students have enrolled in all courses required in the curriculum. <input type="checkbox"/> The students have accumulated a GPAX. (GPAX ≥ 3.00)			
Officer	<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.