

The Graduate School Kasetsart University

Approval of Study Plan

Student's N	Name: (Mr/Miss/Mrs/Title)	Last name:							
Degree:	Doctoral Degree O Plan 1.1	Plan 1.2 O Pla	an 2.1	O Plan 2.2					
	☐ Master's Degree ☐ Plan A1 ☐	Plan A2 O Pla	an B						
Program:	Regular Program Special Program Golden Jubilee Program								
	Regular Program (International) Special Program	ogram (International)							
Student's I	D No.: Major Field:	(Ma	ajor Field	Code:)				
Subject Gr	oup (if any): De	epartment:							
Minor Fiel	d (if any): Ca	mpus:							
Semester/Y	Year of Admission:	Phone No.:							
Major Cou	urses Required:								
Course		Course Classification	G 111	Registration	ъ.				
Code	Course Title (English)	(Required/Elective/Related)	Credits	Classification	Remarks				
					•••••				
		Total		•					
Minor Cou	urses Required:								
Course	Course Title (English)	Course Classification	Credits	Registration	Remarks				
Code		(Required/Elective/Related)		Classification					
		Total							

^{*} **Remark** 1. One original and two photocopy are required for submission to the Graduate School, no later than the end of the second semester.

^{2.} Copies of approved study plans must be given to all committee members.

Other Cou	rses:					
Course Title (English)		naliah)	Course Classification	Credits	Registration Classification	Remarks
Code	Course Title (English)		(Condition / Others)			
			Total	•••••		
					•	
English Pr	oficiency: Langlish proficienc					
	_	other test (IELTS, TOEFL) o	r academic transcript fi	om previou	is international s	studies
	_	om English Proficiency test				
	To register for the	English Proficiency course				
		Student's Signat	ure:			
		D	ate:			
		D			••••••	••••
The propo	sed study plan is in accordance v	vith the curriculum and w	ith all department re	equiremen	ts.	
Approved	by Student's Advisory Committe	ee:				
		Name and Ti	tle Cod	e Signat	ture Date	e
Thesis Advis	or / Advisory Committee Chairperson				/	./
Thesis Co-ac	dvisor / Committee Member				/	./
Thesis Co-ac	dvisor / Committee Member				/	./
Thesis Co-ac	dvisor / Committee Member				/	./
Thesis Co-ac	dvisor / Committee Member				/	./
	Hand of Do	mantenant / Cuaduata Dua	ouer Committee Ch			
		partment / Graduate Prog				
	Signature	:				
		()		
		Date://				
(For KU G	Graduate School Officer Only)					
To: Associ	ate Dean T	o: Dean				
The propo	sed study plan meets all	For approval		App	roved	
requiremen	ts and was approved by the					
advisory co						
, ,,						
		Associate Dean			Dean	
	/	Date://.		te:	//.	