



The Graduate School Kasetsart University

GS. 07

Application for Final Examination

Student's Name: (Mr/Miss/Mrs./Title) Last name:.....

Degree: Doctoral Degree Plan 1 (2)/1.1 Plan 1 (1)/1.2 Plan 2 (1)/2.2 Plan 2 (2)/2.1
 Master's Degree Plan A (1)/A1 Plan A (2)/A2

Program: Regular Program Special Program Golden Jubilee Program
 Regular Program (International) Special Program (International)

Student's ID No.: Major Field: (Major Field Code:)

Subject Group (if any): Department:

Minor Field (if any): Campus:

Semester/Year of Admission:/..... Contact Phone No.:

Request to Take the Final Examination after Completing all Requirements in Accordance with the Graduate School Regulations as Follows:

1. Major:.....credits Minor:credits Thesis:.....credits Total:.....credits
2. Graduate Grade Point Average: Undergraduate Grade Point Average:
3. Thesis proposal approved on:
4. A complete thesis /study report, as advised by the committee, is attached.

Advisory Committee:	Name and Title	Code	Signature	Date
Thesis Advisor / Chairperson/...../.....
Thesis Co-Advisor / Committee Member/...../.....
Thesis Co-Advisor / Committee Member/...../.....
Thesis Co-Advisor / Committee Member/...../.....
Thesis Co-Advisor / Committee Member/...../.....

Student's Signature: Date:

Advice/Recommendation: (Thesis Advisor / Chairperson)	Advice/Recommendation: (Head of Department /Graduate Program Committee Chairperson)
.....
Signature:	Signature:
(.....)	(.....)
Date:/...../.....	Date:/...../.....

(For KU Graduate School Officer Only)

I. To: Dean

The applicant is qualified to take the final examination.
 Appointment of
 Chairperson and External Examiner
 The Graduate School representative is recommended.

Signature: Date:/...../.....

(For The Graduate School Representative)

II. The Graduate School would like to invite

.....to serve as examination chairperson
to serve as external examiner /
Department:
 to serve as the Graduate School representative

Signature: Date:/...../.....

Invitation of Examination Committee.

<input type="checkbox"/> Accepted	<input type="checkbox"/> Unable to Accept due to
Examination Chairperson's Signature	
Date:/...../.....	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Unable to Accept due to
External Examiner's Signature	
Date:/...../.....	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Unable to Accept due to
The Graduate School Representative's Signature	
Date:/...../.....	

Assigned date of examination (at least 7 days must be allowed after the appointment of Chairperson, External Examiner and the Graduate School representative.)

Date:/...../..... Time: from.....to

Place: Room: Floor: Building:

Faculty: Representative Code:.....