

### Qualifying Examination Request Form

Name -Lastname:		Student ID:	
Telephone Number:		E-mail:	
Program	Doctor of Philosophy Program in .....		
Academic Year of Admission		Total Credit of Dissertation complete	
<input type="checkbox"/> 1st Semester of academic year .....		<input type="checkbox"/> 60 credit (Program 1.1)	
<input type="checkbox"/> 2nd Semester of academic year .....		<input type="checkbox"/> 72 credit (Program 1.2)	
The attempt qualification examination		<input type="checkbox"/> 36 credit (Program 2.1)	
<input type="checkbox"/> 1st attempt <input type="checkbox"/> 2nd attempt		<input type="checkbox"/> 48 credit (Program 2.2)	

QE Qualification	Yes	No
I have registered for the qualifying examination credit this semester		
I have entered the program with master degree / bachelor degree with an honors level		
I have entered the program with bachelor degree with a minimum of 12 credits and GPAX score greater than 3.5		

<b>Title of QE</b> ..... .....		
<b>QE Committee</b>		
<b>Name</b>	<b>Department</b>	<b>Responsibility</b>
1.		Committee
2.		Committee
3.		Committee
4.		Committee
5.		External Committee/ Chairman

Hereby, I request to take the qualification exam on

Date and time for written ..... (dd/mm/yyyy)

Date and time for oral..... (dd/mm/yyyy)

Room and Building.....

At the Faculty of Allied Health Science, Chulalongkorn University

I request to issue the letter to the external committee. Hereby I have attached,

- Student registration report (CR.54)
- Curriculum vitae of external committee

External committee

Name .....

Affiliation .....

Address .....

.....

.....

Name of external committee dean/department head .....

.....

.....

(.....)

Student

Date.....

.....

(.....)

Advisor

Date.....

**For office use**

This request has been approved by the Program Committee on .....

.....

(.....)

Chairman/ Secretary of the Program

Date.....

PS. Students **MUST** submit this form at least 15 working days before the QE schedule.