

Request Form For Qualifying Examination
 Faculty of Dentistry, Chulalongkorn University
 Semester Academic Year
 (Use Capital Letters Only)

To Associate Dean for Graduate Studies

Name - Surname (Mr/Mrs/Miss)..... Student ID Tel.

Field of Study

Requirements for Qualifying Examination, student must have the following qualifications:

- **In the case of regular Ph.D. program:** *must be able to attain an S result within 4 years from the first semester they enroll in*
 - Those holding bachelor's degrees with honors **or**
 - Those holding bachelor's degrees without honors must register no less than 12 credits of courses in the program and obtain a GPA of no less than 3.5 **or**
 - Those holding master's degrees
- **Doctoral-Master continuing program:**
 - Those holding bachelor's degrees with honors **or**
 - Those holding bachelor's degrees without honors must register no less than 12 credits of courses in the program and obtain a GPA of no less than 3.5 **or**
 - Those holding master's degrees, must be able to attain an S result within 3 years from the first semester they enroll in

} *must be able to attain an S result within 4 years from the first semester they enroll in*

Register for Qualifying Examination Course No. Semester Academic Year
 (evidence/attachment certifying that CR60 /CR54 / CR74)

Qualifying Examination is scheduled on date Time at.....
 Written exam **and** Oral exam (if applicable)

Approved by the Program Administrative Committee in the meeting Date / /

List of Qualifying Examination Committee Members: *(no less than 3 members)*

1. Chairperson *(Program Director/Staff member appointed by Program Director)*
2. Member *(Full-time lecturer of the program)*
3. Member *(Full-time faculty member / Full-time lecturer of the program)*
4. External Examiner (if applicable)
 Superior to external examiner (Please specify position, organization)

For your consideration,

Signature..... (.....) <p style="text-align: center;">Graduate Student Date/...../.....</p>	Signature..... (.....) <p style="text-align: center;">Advisor Date/...../.....</p>
Signature..... (.....) <p style="text-align: center;">Program Director Date/...../.....</p>	I acknowledged and the Graduate Studies Officer please proceed, Signature <p style="text-align: center;">(Assoc. Prof.Pairoj Linsuwanont, D.D.S., M.D.Sc., Ph.D.) Associate Dean for Graduate Studies Date/...../.....</p>

Remark 1. Graduate Studies Officer will sent electronic document to Department/Program by lesspaper.
 2. Student will take invitation letters in person and hand them out directly to the Qualifying Examination one week after submission of this form. Contact tel. 02-218-9016, 02-218-9021