

มหาวิทยาลัยเทค โน โลยีราชมงคลกรุงเทพ

Rajamangala University of Technology Krungthep

คำร้องขอสอบวัดคุณสมบัติ Request for qualifying examination

		DateYear
Name (Mr./Ms./Mrs.)		Student ID
Program	☐ MS - Management Science☐ MA - Education☐ MA - Global Buddhism	□ Ph.D. – Management Science□ Ph.D. – Education□ Ph.D. – Global Buddhism
Address		
Work Pho	una Homa Dhona	Mobile Phone
E-mail Ac		
I would lik	ke to request to take the qualifying ex	amination for the semester/ which will be
	☐ first time	second time
Thesis/Dis	ssertation Advisor/Co-Advisor ackn	owledgements and signatures
	Lecturer's Full Name with Ac	eademic Position Signature Date
Advisor		
Co-Advisor		
optional) Co-Advisor		
optional)		

Thesis/Dissertation proposal defense committee consists of

		Lecturer's Full Name with Acade	emic position	Signature	Date	
1.	Chairman					
2.	Committee					
3.	Committee				•••••	
4.	Committee				•••••	
5.	Committee				•••••	
	Student's signature					
	Comment by Program Committee		Comment by Director			
	☐ Approv☐ Other	ed	☐ Approved ☐ Other			
	Signature		Signature			
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Remarks:

- 1. Candidates who failed, or are unsatisfied with, the first exam have the right to retake the exam one more time within 30 days from the first exam date.
- 2. Candidates who failed, or are unsatisfied with, the second exam will be expelled from the program.