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| **Part 1 Student** |
| Full Name (Mr./Ms./Miss.) ............................................................................ STUDENT ID..........................................Student Level  Doctoral degree course …………………............................. form 1 (1.1 form B.S.)   form 1 (1.2 form M.A.) Faculty.................................................. Major...................................................  form 2 (2.1 form B.S.) MOBILE PHONE................................. EMAIL ADDRESS.................................  form 2 (2.2 form M.A.)Keywords for Qualifying Examination: (1)……………………………………….………………………………(2)……………………………………………………………………… (3)……………………………………….………………………………(4)……………………………………………………………………… (5)……………………………………….………………………………………………………………………………………………………Thesis Advisor's opinion…………….................................................................................................................................................................................................................................................................................................................................  ①Signature................................................ ②Signature...................................... (................................................) (................................................) Student Thesis Advisor Date : .................................................. Date : ............................................  |

**Part 2 Comment/ Signature**

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| **Chairperson of the Program signature and gave comment.** ............................................................................................................................................................................................................................................................................................................................................................................................... Signature............................................................. (..........................................................) Date : .................................................... |

**Part 3 Board of Academic department**

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| Head of department/assigned person ...............................................................................................................................................................................................…..…………………………………………..…………………………………………………………………………………………….……….……………….... Signature...........................................................  (..........................……………….…..….) Date : .................................................... |