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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 : .................................................... |