

**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