

Request form for appointment of qualification examination for doctor of philosophy programs

Faculty of dentistry, Chulalongkorn university

Semester Academic Year

(Use Capital Letters Only)

Dear: Associate Dean for Academic Affairs and Graduate Studies

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

Field of Study Tel

I would like to take the qualifying examination because I have the following qualifications according to the regulations of Chulalongkorn University for the year 2018:

1. Non Doctoral – Master continuing programs (For orthodontics and dental public health only)

(Plan 1.2 and 2.2) Those holding bachelor's degrees **with honors**.

(Plan 2.2) Those holding bachelor's degrees.

(Plan 1.1 and 2.1) Those holding master's degrees.

(Student must be able to attain an S result within 4 semesters from the first semester.)

} Student must be able to attain an S result within 5 semesters from the first semester.

2. Doctoral – Master continuing programs (For oral biology and prosthodontics only)

2.1 (For student entry to the program and wish pursue a doctoral degree.)

(Plan 1.2 and 2.2) Those holding bachelor's degrees **with honors**.

(Plan 2.2) Those holding bachelor's degrees.

(Plan 1.1 and 2.1) Those holding master's degrees.

(Student must be able to attain an S result within 4 semesters from the first semester.)

} Student must be able to attain an S result within 5 semesters from the first semester.

2.2 (For student entry to the program with master's degrees and changed to doctoral level has approval to change the level of education from the Registrar Office only.)

Those holding bachelor's degrees with honors **or**

Those holding bachelor's degrees (From plan n1) by registering for at least 1 semester. **or**

Those holding bachelor's degrees, (From plan n2) they must have registered no less 9 credits of courses in the program, obtained a GPA of no less 3.25

} Student must be able to attain an S result within 5 semesters from the first semester.

Student has registered for the qualifying examination subject. (must enroll and submit the qualifying examination within the same semester.)

Course No Semester Academic Year

Attachment: 1. CR60 and 2. CR54 or 3. CR74

4. Evidence of approval to change the level of education (From registrar Office system)

Qualification examination schedule : Date Time Place

By Written examination or Oral examination

student has already been approved by the program administration committee. Time Date

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

1. Chairperson (Program Director/lecturer in charge of the course appointed by Program Director)
2. Committee (Full-time lecturer of the program)
3. Committee (Full-time faculty member / Full-time lecturer of the program)
4. Committee (Full-time faculty member)
5. Committee (Full-time faculty member)
6. Examiner Committee (if applicable)

Please fill out the affiliation form for the external committee. (ex. Faculty of Dentistry Srinakarinwirot Univ.)

For your consideration,

Signature (.....) Student signature Date /...../.....	Signature (.....) Advisor Date /...../.....
Signature (.....) Head of Department / Program Director Date /...../.....	I acknowledged and the Graduate Studies Officer please proceed, Signature (Prof. Thanaphum Osathanon, D.D.S., Ph.D.) Associate Dean for Academic Affairs and Graduate Studies Date /...../.....

Remark

1. Graduate Studies Officer will send an electronic document to Department/Program by lesspaper.
2. Student will take the invitation letters in person and hand them out directly to the qualifying examination one week after submission of this form, or contact postgraduate education division tel. 02-218-9016, 02-218-9036