



**Qualifying Examination Request of the
Faculty of Pharmacy, Thammasat**

Day.....Month.....Year.....

Name (Mr. / Mrs. / Ms. / Title [Full]).....Surname.....

Student ID.....Field of Study.....

Doctoral Degree Plan 1.1 Plan 1.2 Plan 2.1 Plan 2.2

Types of Program Regular Special

Enrolled from the semester.....Academic Year.....Mobile Number.....

I would like to request a qualification exam for the semester...../.....

Type Written Exam Oral Exam Written and Oral Exams

Requesting a Qualifying Examination 1st time 2nd time

Paid with Cash Transferring to Bangkok Bank, Account No. 091-014259-5

Student's Signature.....

(.....)

Date...../...../.....

1) The main thesis/independent research advisor's
comments

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.....

Signature.....
(.....)
Date/...../.....

2) The program chairman's comments

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.....

Signature.....
(Assoc. Prof. Dr. Rathapon Asasutjarit)
Date/...../.....

3) Dear Assistant Dean for Graduate Studies,
The student has all the qualifications to take the exam.
Approve Yes No

Signature.....
(Assoc. Prof. Dr. Rathapon Asasutjarit)
Date/...../.....

4) Dear Dean of the Faculty of Pharmacy,
Approve Yes No

Signature.....
(Assoc. Prof. Dr. Arom Jedsadayanmata)
Date/...../.....

Written Exam Date Schedule

Date.....From (time).....to..... Room.....Floor.....

Building.....Faculty.....

Oral Exam Date Schedule

Date.....From (time).....to..... Room.....Floor.....

Building.....Faculty.....