

Faculty of Agro-Industry

King Mongkut's Institute of Technology Ladkrabang

Application for Comprehensive/Qualifying Examination

DateMonthYear					
Subject Comprehensive/Qualifying Examination					
Dear Dean of Faculty of Agro-Industry					
Attachment A copy of transcript					
Student's Name: (Mr/Miss/Mrs/Title)					
				Thesis co-adviser	
				Request to take the comprehensive/qualifying examination with completing required programs	
				Assigned date of examinationMonthYear	
Time fromto					
Student's signature:					
()					
Date/					
Recommendation from main thesis adviser					
☐ Examination committee					
1					
3					
Main thesis adviser's signature					
()					
Date/					
Dear Dean					
The applicant is qualified for the examination.					
Graduate officer's signature:					
()					
Date/					



Faculty of Agro-Industry

King Mongkut's Institute of Technology Ladkrabang Report of Comprehensive/Qualifying Examination

	DateYear
Student's Name: (Mr/Miss/Mrs/Title)	Last name:
ID number Semester/Yea	r of admission:
Degree () Doctoral Degree () Master's Degree	Program
Report of Comprehensive/Qualifying Examination	☐ Accepted ☐ Unable to accept
Committee's approval	
Chair per	rson's signature
	()
Commi	ittee's signature
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Commi	ittee's signature
	()
Commi	ittee's signature
	()
	Date/