

GR 27 COMPREHENSIVE EXAMINATION AND COMMITTEE
(FOR MASTER'S DEGREE PROGRAM IN PLAN B)

Master's Program Field of Study

Faculty / Institute / College **Mahidol University**

Mr. / Miss / Mrs. / Ms. / Other (specify)

Student ID No / M

Program **Thai** **International** **Part time**

Study Plan Courses and Thematic paper

THE COMPREHENSIVE EXAMINATION

- Written Examination on (date).....time.....
venue.....
- Oral Examination on (date).time.....
venue.....
- Other (please specify).....
date..... time.....
venue.....

COMPREHENSIVE EXAMINATION COMMITTEE

1. Lect. / Asst. Prof. / Assoc. Prof. / Prof.Chair

Highest degree obtained

employed at Department/unit.....Faculty/Institute/College.....

Outside Specialist Affiliation.....

Ask for permission No need Ask for permission from (position).....

2. Lect. / Asst. Prof. / Assoc. Prof. / Prof.Member

Highest degree obtained

employed at Department/unit.....Faculty/Institute/College.....

Outside Specialist Affiliation.....

Ask for permission No need Ask for permission from (position).....

3. Lect. / Asst. Prof. / Assoc. Prof. / Prof.Member

Highest degree obtained

employed at Department/unit.....Faculty/Institute/College.....

Outside Specialist Affiliation.....

Ask for permission No need Ask for permission from (position).....

4. Lect. / Asst. Prof. / Assoc. Prof. / Prof.Member

Highest degree obtained

employed at Department/unit.....Faculty/Institute/College.....

Outside Specialist Affiliation.....

Ask for permission No need Ask for permission from (position).....

Signature

(.....)

Program Director

Date.....

- Note :**
1. Submit this form (GR 27) to the appropriate branch office of the Faculty of Graduate Studies within 15 working days before the examination date.
 2. If there are more than 4 members of the Comprehensive examination committee, please use an additional form.