

	Master's degree King Mongkut's Institute of Technology Ladkrabang	Document No	SFM-64-OAQ-GS-011
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	Comprehensive Examination	Effective date	01/07/2564
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Part 1 Student

Full Name (Mr./Ms./Miss.)		STUDENT ID.....	
Student Level <input type="checkbox"/> Master's degree course		<input type="checkbox"/> plan 1.1 <input type="checkbox"/> plan 1.2 <input type="checkbox"/> plan 2	
Faculty..... Major.....			
MOBILE PHONE..... EMAIL ADDRESS.....			
Thesis Advisor's opinion.....			
.....			
① Signature..... (.....) Student		② Signature..... (.....) Thesis Advisor	
Date :		Date :	

Part 2 Comment/ Signature

<u>Chairperson of the Program signature and gave his comment.</u> Signature..... (.....) Date :	
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Part 3 Board of Academic department

Head of department/assigned person Signature..... (.....) Date :	
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