Dent QE-1

**Request for Qualifying Examination**

**Faculty of Dentistry, Prince of Songkla University**

1. Student’s Name ………………..…………. Student ID ………………….………………..

2. Degree and Plan ☑ Doctoral Degree 🔾 Plan 1.1 🔿 Plan 1.2 🔿 Plan 2.1 🔿 Plan 2.2

Program Oral Health Sciences Department of ……………………………….., Faculty of Dentistry

3. Qualifying Examination is arranged with the following details:

QE Topic: …………………………………………………………………………………………………

Method of examination ⃣ Oral presentation ⃣ Paper examination

Round of examination ⃣ First time of examination ⃣ Second time of examination   
 QE Date and time……….....….. Month ………….. Year ….…….. between ………….to…………pm.

Venue.......................................................................................................

4. Qualifying Examination Committee :

1. Prof.Dr. Chidchanok Leethanakul Chairperson

2. ……………………………………………… Advisor / Committee

3. ……………………………………………… Co-advisor / Committee (If any)

4. ……………………………………………… In-/External examiner / Committee

5. ……………………………………………… In-/External examiner / Committee (If any)

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| Signature…………………………………………  (……………….………..….………………)  Student  Date……………………………………………….. | Signature………………………………………..…  (…………………………………………………..)  Advisor Date……………………………………………….. |

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| The above mentioned list of committee have been approved by the Ph.D. Program Committee on………………………………………………………………………..……..    Signature…………….…………………………  (Prof.Dr. Chidchanok Leethanakul)  Chairman of the Program Committee  …………………………… |