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………………………………………… (……………….………..….………………) StudentDate……………………………………………….. | Signature………………………………………..…(…………………………………………………..)  AdvisorDate……………………………………………….. |

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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  ……………………………   |