

Rattanakosin International College of Creative Entrepreneurship

Request Form for Examination in graduate program

Date.....Month.....Year.....

Name (Mr./ Mrs./ Miss): Student ID:

Program: Major: Trimester / Academic Year

Mobile phone: E-mail:

Research title:

I would like to request for	Qualifying Examination	Comprehensive Examination
	Thesis Proposal Examination	Proposal Defense Examination
	Thesis Defense Examination	Independent Study Defense This

examination is the ☐ 1 ☐ 2 ☐ Other..... time(s) in graduate program

(*Note: Student have to pay program for retake examination excluding first time only)

Rate of retake examination:

List	Bath
Qualifying Examination	3,000
Thesis Proposal Examination	10,000
Thesis Defense Examination	10,000
Comprehensive Examination	1,000
Independent Study Defense Examination	8,000

Signature Student
(.....)

1. Advisor's opinion: Signature Advisor (.....)/...../.....	2. Program Chair's opinion: Signature Program Chair (.....)/...../.....
3. Associate Director of Academic's opinion: Signature Associate Director (.....) of Academic/...../.....	4. Financial Department Payment amount: Receipt No Receiver: Received date: