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	17,000
Thesis Defense Examination	17,000
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: .....