



Request Form for Appointment of Comprehensive Examination Committee (Master's Program, Plan B)

In order to appoint Comprehensive Examination Committee of the program.....
....., the Graduate Program Committee
would like to nominate the examination committee members for semester...../ [year].....

The Comprehensive Examination is scheduled on:

- Written Examination on [date].....[time].....
[venue]
- Oral Examination on [date].....[time].....
[venue]
- Others, please specify.....[time].....
[venue]

① Graduate Program Committee		
Name-Surname (with academic title)	Qualifications	② For Officer /Program Secretary
1. Chairman	<input type="checkbox"/> an general advisor <input type="checkbox"/> a permanent lecturer within WU School of <input type="checkbox"/> a teaching lecturer <input type="checkbox"/> an external expert (from outside the university) workplace..... holding equivalent qualification of a teaching lecturer as follows: holding <input type="radio"/> a Master's Degree or equivalent OR <input type="radio"/> Asst. Prof. rank or above	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason.....
2. Committee member	<input type="checkbox"/> an general advisor <input type="checkbox"/> a permanent lecturer within WU School of <input type="checkbox"/> a teaching lecturer <input type="checkbox"/> an external expert (from outside the university) workplace..... holding equivalent qualification of a teaching lecturer as follows: holding <input type="radio"/> a Master's Degree or equivalent OR <input type="radio"/> Asst. Prof. rank or above	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason.....
3. Committee member	<input type="checkbox"/> an general advisor <input type="checkbox"/> a permanent lecturer within WU School of <input type="checkbox"/> a teaching lecturer <input type="checkbox"/> an external expert (from outside the university) workplace..... holding equivalent qualification of a teaching lecturer as follows: holding <input type="radio"/> a Master's Degree or equivalent OR <input type="radio"/> Asst. Prof. rank or above	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason.....
4. Committee member	<input type="checkbox"/> an general advisor <input type="checkbox"/> a permanent lecturer within WU School of <input type="checkbox"/> a teaching lecturer <input type="checkbox"/> an external expert (from outside the university) workplace..... holding equivalent qualification of a teaching lecturer as follows: holding <input type="radio"/> a Master's Degree or equivalent OR <input type="radio"/> Asst. Prof. rank or above	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason.....

Name-Surname (with academic title)	Qualifications	② For Officer /Program Secretary
5. Committee member	<input type="checkbox"/> an general advisor <input type="checkbox"/> a permanent lecturer within WU School of <input type="checkbox"/> a teaching lecturer <input type="checkbox"/> an external expert (from outside the university) workplace..... holding equivalent qualification of a teaching lecturer as follows: holding <input type="radio"/> a Master's Degree or equivalent OR <input type="radio"/> Asst. Prof. rank or above	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason.....
6. Committee member	<input type="checkbox"/> an general advisor <input type="checkbox"/> a permanent lecturer within WU School of <input type="checkbox"/> a teaching lecturer <input type="checkbox"/> an external expert (from outside the university) workplace..... holding equivalent qualification of a teaching lecturer as follows: holding <input type="radio"/> a Master's Degree or equivalent OR <input type="radio"/> Asst. Prof. rank or above	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason.....
<input type="checkbox"/> CV of external experts are attached herewith (if any) <div style="text-align: center;"> Sign..... (.....) Chairman of Graduate Studies Program Committee Date..... </div>		Verifying officer/...../.....
③ College of Graduate Studies		
<div style="text-align: center;"> <input type="checkbox"/> Form receiver <input type="checkbox"/> Recorder..... Date Date </div>		

Curriculum Vitae

Personal Information:

Name-Surname:

Current Position:

Workplace:

Tel:.....Fax:.....

Email:.....Website:.....

Educational Background:

Year.....Level of study.....Degree obtained.....Institution.....

Year.....Level of study.....Degree obtained.....Institution.....

Year.....Level of study.....Degree obtained.....Institution.....

Year.....Level of study.....Degree obtained.....Institution.....

Field of Specialization

.....
.....
.....
.....
.....
.....

Research works (Publications published within the past five years and not a part of degree) Please write in the bibliography format, specify author, title, year of publication and name of academic journals

.....
.....
.....
.....
.....

Other academic works

.....
.....
.....
.....
.....

A Guideline for Appointment of Comprehensive Examination Committee

1. The Request Form for Appointment of Comprehensive Examination Committee can be obtained at <https://grad.wu.ac.th>.
2. Graduate Program Committee nominates Comprehensive Examination Committee members to be appointed.
3. The Graduate Program Officer verifies the form before submitting it to CGS.
4. A CGS officer rechecks the form before recording the data into CES system.

