**Appointment of Comprehensive Examination Committee Request Form**

**Dear** Associate Dean for Academic Affairs, Institute of Engineering,

 The school of Program
(Year B.E.), Institute of Engineering, would like to held Comprehensive Examination
No. for master’s students of the trimester of the academic year .

The names of the comprehensive examination committee members is listed below,

 1. Head of the Committee

 2. Member of the Committee

 3. Member of the Committee

 4. Member of the Committee

 5. Member of the Committee

The examination will be held for a total number of students as follows,

 1. Enrollment No.

 2. Enrollment No.

 3. Enrollment No.

 4. Enrollment No.

 5. Enrollment No.

The date of the examination is set on .

 For your perusal and approval for addressing this in the meeting for further consideration

Sig.

( )

The Head of the School of

□ To be presented in the meeting of the Committee of the Institute of Engineering
□ To be separately given to each member of the Committee of the Institute of Engineering for approval

(Dr. Somsak Siwadamrongpong)

Associate Dean for Academic Affairs, Institute of Engineering

Note: Minimum 4 committee members are required. Of the examination result, must the Institution Committee be informed

within 1 week after the examination date.