



Graduate Study Affairs
Taken at
Date...../...../..... Time.....:.....

บศ. ๖ศ. 22

Comprehensive Examination Request Form
School of Engineering
King Mongkut's Institute of Technology Ladkrabang

Date Month Year

Subject Comprehensive Examination Request

Dear Associate Dean, School of Engineering

I (Full name) Student ID

is a full-time student since (semester) Academic year

in Master Degree program of

Contact Address

Telephone no. Email

Independent Study Adviser name

Independent Study Adviser name (joined)

would like to request a comprehensive examination on (semester) Academic year

by having studied all the curriculum courses and received a cumulative GPA at

Comprehensive Examination results history

Exam no.	Semester	Academic year	Exam Result

Therefore, please be informed accordingly.

Signature _____
 (_____)
 Student

Independent Study Advisor's opinion _____

Signature _____
 (_____)