



REQUEST FOR APPOINTING COMMITTEES OF
COMPREHENSIVE EXAMINATION

Academic Support Division

Date Receipt.....

Time.....

Receiver.....

Semester.....Academic Year.....

To Program Director of ☐ ABS ☐ CS ☐ ET

I am, Thesis Advisor
of..... (student name), student ID

who is studying for a Master Program ☐ ABS ☐ CS ☐ ET

would like to request for appointing Committees for Comprehensive Examination as follows;

1. _____ Chairperson (Advisor)
2. _____ Committee (Co-Advisor) (if any)
3. _____ Committee (External) (if any)
4. _____ Committee
5. _____ Committee

Remark: At least 3 persons

Comprehensive Examination Date (D/M/Y) Time

Venue

Please be informed for consideration.

Signature.....

(.....)

Thesis Advisor

Date...../...../.....

Program Director's Approval

☐ Approved ☐ Not Approved

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Signature

(.....)

Date...../...../.....