



**Doctoral Qualifying Examination Committee Member's Professional Qualification**

1. First Name (Mr./Mrs./Miss)..... Last Name.....  
 Position..... Telephone No.....  
 Place of Present Work.....  
 .....  
 E-mail Address.....

2. Education/Qualification

2.1 Doctoral Degree

Name of the Degree.....  
 Specialization..... Graduation Date.....  
 Institution.....  
 Place of Institution.....

2.2 Master Degree

Name of the Degree.....  
 Specialization..... Graduation Date.....  
 Institution.....  
 Place of Institution.....

2.3 Other Degrees

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 .....  
 .....

3. Experience

3.1 Doctoral Degree .....years

Master Degree .....years

Teaching Bachelor's Degree .....years

Teaching Subjects  
.....  
.....

3.2 Main Academic Duties  
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3.3 Other Training  
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.....

4. Research and/or Publications

4.1 .....  
.....

4.2 .....  
.....

4.3 .....  
.....

Signature.....

(.....)

Date.....

**Remark :** Coordinator must sign the CV. To certify all information

Signature.....

(.....)

Program Coordinator

Date.....