



The Division of Registrar Mae Fah Luang University	
No.....
Date.....
Time.....	Recorded by.....

DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY

General Request Form

Semester First Second Summer Academic year.....

Subject

Student level Undergraduate student
 Graduate student

(1) To the Registrar

Name Mr/ Miss/ Mrs..... Student ID

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Study in/graduated from School of..... Program of.....

Current address..... Trok/Soi..... Road..... Subdistrict.....

District..... Province..... Post code..... Mobile phone.....

Indicate reasons for the request

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For your consideration

Student's Signature

(.....)

...../...../.....

<p>(2) Advisor's Comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature</p> <p style="text-align: center;">(.....)</p> <p style="text-align: center;">...../...../.....</p>	<p>(3) Dean's Comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature</p> <p style="text-align: center;">(.....)</p> <p style="text-align: center;">...../...../.....</p>
<p>(4) Head of the Division of Registrar's comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature</p> <p style="text-align: center;">(Mr. Ruangsak Kiengkamon)</p> <p style="text-align: center;">...../...../.....</p>	<p>(5) The President's comment</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>.....</p> <p>.....</p> <p>Signature</p> <p style="text-align: center;">(.....)</p> <p style="text-align: center;">...../...../.....</p>

(6) Student's Acceptance

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Student's Signature

(.....)

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