

Memorandum

	/ Division of		TelephoneDate			
		for Answer book	☐ Midterm ☐ Final ☐ Other (Plea			
Dear		vision of Registrar				
No.	School/Division	Course nam		Answer book Number of students	Number of Answer book	Instructor/ Co-ordinator
	For your consi	deration	()
			School/	Division of.		
Head of the Division of Registrar				For receiver		
Mr.Ruangsak Kiengkamon Date				Date .		,