

AS – 3 – 10 GENERAL REQUEST

Academic Services Section

Faculty of Graduate Studies, Mahidol University

I am Mr. / Mrs. / Miss /Rank.

Student I.D Number

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studying in Program General Special International

Degree Graduate Diploma Master's degree
 Higher Graduate Diploma Doctorate degree

Field of Study..... Faculty / Institute/College.....

Mahidol University.

Student Category Regular Provisional

If you have a scholarship for studying at M.U. please specify

I am submitting this form for consideration :

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Signature Date

Comment of the Program Director

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Signature Date

Comment of the Academic Services Section Officer

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Signature Date

The consideration of the Dean

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Signature Date

Note. Students will receive the result of this consideration 5 working days after submitting this form. Please specify where you will receive the result : Academic Services Section
 Branch office at (please specify)