

School of
Mae Fah Luang University
 No.....
 Date.....
 Time.....Recorded by.....



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

DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY

Request Form for Chinese Proficiency Test

Semester First Second Summer Academic year.....

(1) To Head of the Division of Registrar

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

Study in School of.....Program of.....

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

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

I would like to use Chinese Proficiency Test (HSK) score to replace my Exit Examination score

1. Examination Place.....

2. Chinese Proficiency Test Examination Score Report Level.....

3. Others (Please specify.....)

For your consideration

Student's Signature
 (.....)
/...../.....

Remark : Students do th Request Form in section number (1) - (3) only, for section number (4) - (5) will be done by Division of Registrar

<p>(2) Advisor's Comment</p> <p>..... Signature (.....) /...../.....</p>	<p>(3) Dean's Comment</p> <p>..... Signature (.....) /...../.....</p>
<p>(4) Director of The Sirindhorn Chinese Language and Culture Center's Comment</p> <p><input type="checkbox"/> Valid <input type="checkbox"/> Invalid</p> <p>Signature (.....) /...../.....</p>	<p>(5) Head of Division of Registrar's Comment</p> <p>..... Signature (Mr.Ruangsak Kiengkamon) /...../.....</p>