



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

DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY

Request Form for Title, Name - Surname , Address Change and Others

Semester First Second Summer Academic year.....

(1) To the Registrar

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

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

Mobile phone..... would like to change

From **To**

<input type="checkbox"/>	Title	Thai		
		English		
<input type="checkbox"/>	Name	Thai		
		English		
<input type="checkbox"/>	Surname	Thai		
		English		
<input type="checkbox"/>	Address <small>(Permanant Address/Current Address)</small>	Thai		
		English		
<input type="checkbox"/>	Others <small>(Please specify)</small>	Thai		
		English		

I have enclosed the document of changing Title/Name/Surname (in case of changing Title/Name/Surname/Address Change and Others.)

For your consideration

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

(2) Division of Registrar's Staff Comment

<input type="checkbox"/> Recorded Signature..... (.....)/...../.....	<input type="checkbox"/> Checked Signature..... (.....)/...../.....	<input type="checkbox"/> Informed Signature..... (Mrs.Nisa Puttisakulchai)/...../.....
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