



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

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	Thai	
		English	
<input type="checkbox"/>	Others (Please specify)	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.Thunjira Wongpinta)/...../.....
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