



Division of Registrar Mae Fah Luang University No..... Date..... Time.....Recorded by.....
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DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY
Request Form For Course Description

(1) To the Registrar

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

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

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

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

Indicate reasons for the request course description.....

No.	Course code	Course title	Credits
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total.....credits

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

Remark : Fee for documents is 50 Baht per copy

<p>(2) For a financial</p> <p style="text-align: center;">Already paid 50 Baht</p> <p>Signature..... (.....) /...../.....</p>	<p>(3) Division of Registrar's staff</p> <p style="text-align: center;">Checked for accuracy</p> <p>Signature..... (.....) /...../.....</p>	<p>(4) For receiveing document</p> <p>Signature..... (.....) /...../.....</p>
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