



<b>The Division of Registrar</b>	
<b>Mae Fah Luang University</b>	
No.....	.....
Date.....	.....
Time.....	Recorded by.....

**DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY**  
**Request Form for New Password**

Semester     First     Second     Summer    Academic year.....

Student level     Undergraduate student  
 Graduate student

(1) To the Registrar

Name Mr/ Miss/ Mrs..... Student ID   

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

Mobile phone.....

Indicate reasons for the request .....

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For your consideration

Student's Signature .....

(.....)

...../...../.....

<p><b>(2) For the Division of Registrar's staff inspection</b></p> <p style="text-align: center;">Checked for accuracy</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>	<p><b>(3) For receiving document</b></p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>
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