



The Division of Registrar  
Mae Fah Luang University

No.....  
Date.....  
Time.....Recorded by.....

DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY

General Request Form

Semester  First  Second  Summer Academic year.....

Subject .....

(1) To the Registrar

Student Level  Undergraduate student  
 Graduate student

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

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 .....

For your consideration

Student's signature .....

<p>(2) Advisor's Comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>	<p>(3) Dean's Comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>
<p>(4) Head of the Division of Registrar's comment</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>	<p>(5) The President's comment</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/></p> <p>.....</p> <p>Signature .....</p> <p>(.....)</p> <p>...../...../.....</p>

(6) Student's Acceptance .....

Student's Signature .....