Request no/									
Officer									
Date /									



ACADEMIC RECORD INSPECTING/ REVIEWING REQUEST FORM

								Written at Date:					
	Dean of Faculty of ect: Request for ins	pecti	ng/ reviewi	ng of academic	record			-		•			
	I, (Mr./ Miss									`		٠,	
Student I.D. Faculty Faculty							Major						
Year	Emergency of	contac	et information	on:			Е	mergency	y pho	ne number:.	•••••		
	I wish to request an inspection of my academic record maintained by the Registrar's Office, Division of Education Administration, Mahidol University as follows: Reason(s) for the request: □ I have not received an academic record. □ I have doubts about my academic record because (please specify your reason)												
				Academic r		For officer							
No.	Subject code	Semester/ Academic year		No grade given	Grade obtained	in	nrolled wrong ubject ¹	No scholarsh money transferre	,	Incomplete enrollment ³	Grade verification ⁴	etc. ⁵	
1.	SC		1 st /										
			2 nd / 1 st /										
2.	SC		2 nd /										
3.	SC		1 st/										
<i>J</i> .			2 nd /			-							
4.	All subjects enrolled		1 st / 2 nd /										
	e use □1□ 2□3			se specify)		(Dat	te	/	/) (Re			
Dear Head of Department/ School of				Dear Deputy Dean for Education & Student Development					Dear Officer concerned				
For your perusal and actions. Please send outcome of the results to Division of Educational Affairs.				The Department has completed an inspecting/ reviewing of student's academic record. It shows: Accuracy and completeness Inaccuracy and incompleteness for the following reason(s)				☐ Issue a notification to					
() Deputy Dean for Education & Student Development				() Head of Department / School of					() Deputy Dean for Education & Student Development				