



Office use only

Request no.
Received / /

GENERAL REQUEST FORM

Written at

Date:

Subject:

Dear Dean of Faculty of Science,

(via Deputy Dean for Education Deputy Dean for Corporate Communication and International Relations
 Assistant Dean for International Programs

Enclosure: Document(s) enclosed No document(s) enclosed

I am (Mr./ Miss)

Undergraduate student in: Biomedical Science Bioresources and Environmental Biology
 Materials Science and Nano Engineering Bioinnovation Student ID.
 Chemical Innovation and Technology Others (please specify)

Faculty/ Institute Year Program

Advisor's name:

Student's contact information:

Currently studying in semester Academic year

Mobile phone no.:

Current credit enrolled: credits

E-mail:

Cumulative GPAs:

I would like to

Reason(s) for the request (please specify):

If there are additional reasons for the request- please write on page 2.

..... (Student's signature)

(.....) (Student)

PROCESS FLOW

<input type="checkbox"/> (1) (Advisor/ Director of International B.Sc. Program's comment)	<input type="checkbox"/> (5) Dear <input type="radio"/> Deputy Dean for Education <input type="radio"/> Deputy Dean for Corporate Communication and International Relations <input type="radio"/> Assistant Dean for International Programs <input type="radio"/>
Signature (.....) Date / /	Signature (.....) Head of Department/ School of Date / /
<input type="checkbox"/> (2) (Head of Department/ School's comment)	<input type="checkbox"/> (6) For Dean <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Signature (.....) Date / /	Signature (Assoc. Prof. Prasit Suwannalert, Ph.D.) Dean of Faculty of Science Date / /
<input type="checkbox"/> (3) For officer Request form and enclosure(s) reviewed and checked by the officer Signature (.....) Date / /	<input type="checkbox"/> (7) For student I acknowledge receipt of final decision on my request. I will also inform my advisor of the decision at once. Student's signature (.....) Date / /
<input type="checkbox"/> (4) Dear <input type="checkbox"/> Dean of Faculty of Science <input type="checkbox"/> Head of Department/ School of	Remark: This form can be used for a <i>request permission to register courses in less than 9 credits and more than 22 credits, namesurname change, course registration change/ subject title correction and others.</i>
Signature (.....) <input type="radio"/> Deputy Dean for Education <input type="radio"/> Deputy Dean for Corporate Communication and International Relations <input type="radio"/> Assistant Dean for International Programs <input type="radio"/>	
Date / /	



Mahidol University
Faculty of Science
International Program

ADDITIONAL REASONS OF THE REQUEST