Office use only

Request no. ……

Received ..... / ..... / .....

Mahidol University
Faculty of Science
International Program

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 Partnerships and Information Management ☐……)

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

○ Chemical Innovation and Technology ○ Others (please specify) ……

Student I.D. ☐☐☐☐☐☐☐

Faculty/ Institute ……..Year …….. Program ……

Advisor's name: ……..

Currently studying in semester …… Academic year …….

Current credit enrolled: ……..... credits

Student's contact information:

Mobile phone no.: ……

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

☐ **(1)** (Advisor/ Director of International B.Sc. Program's comment)

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Signature ……

(……)

Date ……/……../……

☐ **(2)** (Head of Department/ School's comment)

…….……..…….

Signature ……...

(……...)

Date ……./……./……

☐ **(3) For officer**

Request form and enclosure(s) reviewed and checked by the officer

Signature ……..……

(……..)

Date ……./…..../……..

☐ **(4)** Dear ☐ Dean of Faculty of Science

☐ Head of Department/ School of …….

……

Signature ……

(……..……)

○ Deputy Dean for Education

○ Deputy Dean for Corporate Communication and International Relations

○ Assistant Dean for International Partnerships and Information Management

○…… Date ……./……./……..

☐ **(5)** Dear ○ Deputy Dean for Education

○ Deputy Dean for Corporate Communication and International Relations

○ Assistant Dean for International Partnerships and Information Management

…..○……..……..……..

Signature …….

(……..……)

Head of Department/ School of ……..…..…

Date …..…../……../……..

☐ **(6) For Dean**

☐ Approved ☐ Disapproved

……..…..

Signature ……

(Assoc. Prof. Prasit Suwannalert, Ph.D.)

Dean of Faculty of Science

Date ……./……./……..

☐ **(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 …..…/……/…….

Remark: This form can be used for a *request permission to register courses in less than 9 credits and more than 22 credits, name-surname change, course registration change/ subject title correction and others.*

ADDITIONAL REASONS OF THE REQUEST ……

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