GR 002

Graduate Studies
Chulabhorn International College of Medicine
Thammasat University

GENERAL REQUEST

Student Information

☐ Mr. ☐ Ms. ☐ Mrs.

☐ Other.....

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Name:

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Middle name:

- -

Family name:

Student ID

☐☐☐☐☐☐☐☐☐☐

Study Program:.....

Ph.D. ☐ Plan 1 ☐ Plan 2

M.Sc. ☐ CLASS ☐ LWP

☐ Plan A1 ☐ Plan A2 ☐ Plan B

Student's signature

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Date .....

Advisor's signature

- -

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Date .....

Director's signature

- -

(Professer Kesara Na-Bangchang,Ph.D.)

Date .....

For Student

Specify Your Request Details

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Advisor

Advisor's comment

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Director of Graduate Studies

Director of Graduate Studies' comment

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