



Office of Academic, Chulabhorn Graduate Institute

Request Form for Maintain Student Status

Office of Academic	
Receipt No.....	
Date Receipt.....	
Time.....	
Receiver.....	

Semester..... Academic year

① To The Registrar

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

Student ID

Program of study..... E-mail

Cumulative grade point average..... Student status..... Normal Probation No.....

would like to register for maintain student status

Reason for request

Signature

② Advisor's comment

Approved Not Approved

Signature
(.....)
..... / /

③ Tuition and Other Fees

Item	Amount (Baht)
1. Registration Fee for Maintain Student Status	1,500
Total	

Signature
(.....)
Registration Officer
Date / /

Signature
(.....)
Financial Officer
Date / /