



Office of Academic, Chulabhorn Graduate Institute
Application for certificates

Semester..... Academic year

Office of Academic
Date Receipt.....
Time.....
Receiver.....

Student ID

To the Registrar

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

Identification No./Passport No. E-mail

Program of study.....

Degree [] Graduate Diploma [] Master's Degree [] Doctoral Degree

requests the following

Other (Please specify)

Table with 3 columns: items, No. of copies, Amount. Rows include Academic transcript (Current student, Graduated, Graduated / Terminated student status), Certificate of student status, and Certificate of conduct.

Signature

...../...../.....

(FOR FINANCIAL OFFICER)

Receiving the payment of fee of baht according to the receipt No.....

Signature.....Date.....

(FOR RECEIVER)

Receiver's signature Date

Authorized person please produce: [] ID card [] Government/Enterprise employee card [] Driver's license [] Other ID card with photo

Card number Issued by