



Date Receipt.....
Time.....
Receiver.....

**Chulabhorn Graduate Institute
Request Form for Graduation**

Student Name Mr./Miss./Mrs.

Student ID

Program of study M.Sc. in
 Ph.D. in

Plan

- A (1) : consists only of thesis research totaling not less than 36 credits.
- A (2) : consists of thesis research totaling not less than 12 credits and coursework totaling not less than 12 credits.

Current Address:

Office Address:

Phone number:..... **Mobile:****Fax:**.....

Email Address:

Pass of Thesis Examination on date

The thesis is published or accepted for publication in (please specify and send copy with request form)

- Journal
Volume no d/m/y
- Journal
Volume no d/m/y
- Proceedings
Organization d/m/y

English test score (Please send your certificate with request form)

- TOELF IELTS CU-TEP
- CGI English test Other (please specify)

Signature

Date / /

For Director of Academic Office Only:

The student has completed all graduation requirements and successfully defended the thesis.

Signature

Mrs. Pensri Tipsuwannakul

Date / /