



Chulabhorn Graduate Institute  
Request for Graduation

R13

Academic Support Division

Date of Receipt.....

Time of Receipt.....

Received by.....

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Student ID

Student Name: Mr./Ms./Mrs.....

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

Current Address:.....  
.....

Home Address:.....  
.....

Phone number:.....Mobilephone:.....

E-mail Address:.....

- Thesis Defense Examination was completed with “Pass” on...../...../.....
- Required Credits  
☐ 36 Credits (Master’s Degree) ☐ 48 Credits (Doctoral – from Master’s)  
☐ 72 Credits (Doctoral – from Bachelor’s) ☐ Other GPAX.....
- The thesis research was published or accepted for publication in (please specify and send a copy with the request form)  
☐ Journal name:.....  
Volume:.....no.:.....d/m/y:.....  
☐ Journal name:.....  
Volume:.....no.:.....d/m/y:.....  
☐ Proceedings:.....  
Organization:.....d/m/y:.....
- ☐ Date of Comprehensive Examination with “Pass”:.....  
☐ Date of Qualifying Examination with “Pass”:.....
- English Proficiency Test Score (Please send your certificate with the request form)  
☐ TOEFL:..... ☐ IELTS:..... ☐ CU-TEP:.....  
☐ TU-GET:..... ☐ KU-EPT:..... ☐ MU GRAD TEST:.....

Student’s Signature.....  
...../...../.....

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

Signature.....

(Assoc. Prof. Dr. Pinit Ratananukul)

Registrar

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