



Chulabhorn Graduate Institute
Request for Graduate Registration

R14

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.....

Graduation Period

☐ First Semester ☐ Second Semester ☐ Academic Year.....

Current Address:.....

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Home Address:.....

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

E-mail Address:.....

I will:

☐ **Participate in the Graduation Convocation Ceremony and will:**

☐ Pay for the graduation registration within the prescribed period of time

☐ Pay for the graduation registration on the arrival date (For graduates who are not in Thailand)

☐ **Not participate in the Graduation Convocation Ceremony**

Reason:.....

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Student's Signature.....

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

For Institute Registrar Only:

The student has been registered for graduation.

Signature.....

(Assoc. Prof. Dr. Piniti Ratananukul)

Institute Registrar

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