



Chulabhorn Graduate Institute
Request for Educational Documents

Semester..... Academic year

Academic Support Division

Date Receipt.....

Time.....

Receiver.....

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Student ID

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

Identification No./Passport No. Nationally.....

Program of study..... E-mail

Degree ☐ Master ☐ Doctoral

requests the following

Other (Please specify)

items	No. of copies	Amount
() Academic transcript 100 baht/copy		
☐ Current student • Number of sealed envelopes requested ☐ • Number of transcripts per envelope ☐		
☐ Graduated, pending the approval of the Institute Council • Number of sealed envelopes requested ☐ • Number of transcripts per envelope ☐		
☐ Graduated / Terminated student status • Number of sealed envelopes requested ☐ • Number of transcripts per envelope ☐		
() Certificate of student status 100 baht/copy		
() Certificate of conduct 100 baht/copy		
Total		

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