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Chulabhorn Graduate Institute

Request for Graduation

Academic Support Division
Date of Receipt .....
Time of Receipt .....
Received by .....

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

Student ID ☐☐☐☐☐☐☐☐☐

Program of study ☐ M.Sc. in .....

☐ Ph.D. in .....

Current Address: .....

.....

Home Address: .....

.....

Phone number: ..... Mobile phone number: .....

Email Address: .....

- Thesis Examination passed on ..... /..... /.....
- Required Credits

  ☐ 36 Credits (Master's Degree) ☐ 48 Credits (Doctoral – from Master's)

  ☐ 72 Credits (Doctoral – from Bachelor's) ☐ Other GPAX .....
- The thesis 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: .....
- ☐ Comprehensive Examination ☐ Qualifying Examination
- English Proficiency Test score (Please send your certificate with the request form)

  ☐ TOEFL: ..... ☐ IELTS: ..... ☐ CU-TEP: .....

  ☐ TU–GET: ..... KU:..... ☐ Other (please specify): .....

Student's Signature: .....

Date: ..... / ..... / .....

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

Signature: .....

(Assoc. Prof. Dr. Piniti Ratananukul)

Registrar

Date: ..... / ..... / .....