R 14

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

Chulabhorn Graduate Institute
Request for Graduate Registration

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

Student ID ☐☐☐☐☐☐☐☐☐

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

Graduation Period
☐ First Semester ☐ Second Semester Academic Year .....

Current Address: .....
.....
Home Address: .....
.....
Phone number: ..... Mobile phone number: .....
Fax: .....
Email 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: .....
.....

Student's Signature: .....
Date: ..... /..... /.....

For Institute Registrar Only:

The student has been registered for graduation.

Signature: .....
(Assoc. Prof. Dr. Piniti Ratananukul)
Institute Registrar
Date: ..... / ..... / .....