



Chulabhorn Graduate Institute
Request Attending the Graduation Convocation Ceremony

R 15

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

Graduation Semester: Academic year:

Current Address:

Phone number: Email Address:

I request:

☐ **1. To participate in the Graduation Convocation Ceremony on/...../..... (dd/mm/yy)**

☐ **2. Not to participate in the Graduation Convocation Ceremony on/...../..... (dd/mm/yy)**

Reason:

I would like to receive the degree certificate by:

☐ Mail: Address

☐ Myself: Students can receive the degree certificate by contacting the office of Academic Support Division,
M floor at the Chulabhorn Graduate Institute Building.

Student's Signature:

Date: / /

Head of the Academic Support Division Consideration:

.....
.....

Signature:

(Miss Peeranan Booranasophone)

Head of Academic Support Division

..... / /

Vice Rector Approval:

☐ Approved

☐ Not approved

Reason:

.....
.....

Signature:

(Assoc. Prof. Dr. Pinit Ratananukul)

Vice Rector

..... / /

Note: Students can check the list of graduates who have registered for the graduation convocation ceremony through the following website: **www.cgi.ac.th**

Office of Academic Support Division Tel: 0 2554 1900 (ext. 2125, 2144)

Chulabhorn Graduate Institute 54 Kamphaeng Phet 6, Talat Bang Khen, Lak Si, Bangkok 10210, Thailand.