



Late Completion of Study Program Request Form

Academic Year _____ Term _____

To: Director, Center for Educational Services,

Whereas I, (Mr./Mrs./Miss) _____, Student ID _____

Institute of Affiliation _____, Program _____

would like to apply for completion of study program after the deadline since (indicate reason)

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Moreover, if I am found to have any outstanding debt towards the University, I agree to completely disburse any such debt completely, or if I am found to be subject to any disciplinary action, I agree to accept such action, in order to be able to graduate.

Signed _____

Date _____/_____/_____

| Head, Graduates Data Section | Decision by Director, Center for Educational Services |
|--|---|
| <p><input type="checkbox"/> Approval recommended.</p> <p><input type="checkbox"/> Other</p> <p>.....</p> <p>Signed.....</p> <p>(Mrs. Busaba Chaimongkol)</p> <p>Chief, Evaluation and Graduate Information Section</p> <p>Date _____/_____/_____</p> | <p><input type="checkbox"/> Approved.</p> <p><input type="checkbox"/> Other.....</p> <p>.....</p> <p>Signed</p> <p>Date _____/_____/_____</p> |