

## GENERAL REQUEST FORM

Office of Graduate Studies, the Faculty of Dentistry, Chulalongkorn University

I am: Name.....Miss Bundit....Suksa..... Student ID.....570000032.....

☐ PhD Degree ☒ Master's Degree ☐ Graduate Diploma☐ Higher Graduate Diploma ☐ Residency Training Program

Department.....Operative Dentistry..... Field of Study.....Operative Dentistry.....

Contact Tel..... Mobile Tel.....093-1234567..... Email .....graddentcu@gmail.com.....

## Would like to have a letter to

☐ certify the complete of course requirements ☐ certify the enrollment status for.....copy (ies)☒ request for an extension of study. Please specify the extension dates.....October 1, 2014 – April 1, 2015.....☐ request for the end of leave due to completion of study.

Please specify the work return date.....

☐ Other matters Please specify.....

## Please mark ✓ in the blank for consideration:

☐ Thesis in process ☐ Waiting for thesis defense ☐ for VISA application☐ Course requirements have been completed and thesis in process ☐ to apply for further study☐ Thesis defense in process (waiting for thesis to be approved) ☐ publication in process☐ Others Please specify.....

Please specify your immediate supervisor (name, title, rank etc.)

.....Dean.....

Organization.....Faculty of Dentistry, Chulalongkorn University.....

For VISA application ; Country of Destination ..... Date ..... To .....

Reason to travel .....

Hereby, I attach the receipt and CR60 along with my latest GPAX with this General Request Form. When the letter is ready, I myself will come to pick it up and proceed accordingly.

☒ I hereby certify that the duration of my study leave has been approved by my affiliation.

(Signature) .....Miss Bundit....Suksa.....(Student)

Date of request ..... Month..... Year.....

## Comment of the advisor

.....

.....

Signature.....

Name in print.....

Date ..... Month ..... Year .....

## Comment of the Chairman/Head of Department

(In the case of further inquiries regarding the request for study leave from the affiliation, the department is pleased to provide clarification on the reasons.)

.....

.....

Signature.....

Name in print.....

Date ..... Month ..... Year .....

For Office of Graduate Studies

To Dean,

For your consideration

.....

(Prof. Thanaphum Osathanon, D.D.S., Ph.D.)

Associate Dean for Academic Affairs and Graduate Studies

Date..... Month..... Year.....

Update 19122024

## Suggestion

1. All forms must have comments and be signed by the advisor and the head of department or chair of program.
2. Student must pay 100 bath fee at the Finance office on the 2<sup>nd</sup> floor of Vach Vidyavaddhana building, and attach the receipt with this General Request Form.
3. CR 60 must be attached with all request forms (except for the request for enrollment status) every time request.

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Department..... Field of Study.....

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(Signature) .....(Student)

Date of request ..... Month..... Year.....

<p>Comment of the advisor</p> <p>.....</p> <p>.....</p> <p>Signature.....</p> <p>Name in print.....</p> <p>Date ..... Month ..... Year .....</p>	<p>Comment of the Chairman/Head of Department</p> <p>(In the case of further inquiries regarding the request for study leave from the affiliation, the department is pleased to provide clarification on the reasons.)</p> <p>.....</p> <p>.....</p> <p>Signature.....</p> <p>Name in print.....</p> <p>Date ..... Month ..... Year .....</p>
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For Office of Graduate Studies

To Dean,

For your consideration

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(Prof. Thanaphum Osathanon, D.D.S., Ph.D.)

Associate Dean for Academic Affairs and Graduate Studies

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