

General Request Form

Request No. _____

AR 1

Receipt Date: _____

Bansomdejchaopraya Rajabhat University

Date: _____

Subject: _____

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

Faculty: _____, Program: _____,

Level of study: Bachelor's Degree Master's Degree Doctoral Degree Others: _____,Type of student: Full time (Daytime) Part time (Twilight)

Address in case of emergency: _____ Telephone: _____,

wish to (Indicate reasons for the request): _____

For your kind consideration. And if the statement provided above is incorrect or does not correspond to the facts, **I'm willing to accept nullification of this request and agree to comply with all regulations of the University.**

Signature: _____ Applicant

Request Instruction	Verification
1. Submit this request to concerning persons for comment. 1.1 Advisor (specify name clearly: _____) Comment: _____ Signature: _____ 1.2 Subject Lecturer (specify name clearly: _____) Comment: _____ Signature: _____ 1.3 Head of Program (specify name clearly: _____) Comment: _____ Signature: _____ Comment: _____ 1.4 Dean (specify name clearly: _____) Comment: _____ Signature: _____	1. Payment Checked by the Division of Finance Comment: _____ Signature: _____ Printed Name (_____) 2. Division: _____ Approved Signature: _____ Printed Name (_____) 3. Consideration of Director of the Office of Academic Affairs and Registration Signature: _____ Printed Name (_____) 4. Vice President for Academic Affairs <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
2. Submit this request to the Office of Academic Affairs and Registration.	

After submitting this request, students can check the results via: <http://mis.bsru.ac.th>