

**General Request
For Graduate Student of Khon Kaen University**

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

To Dean of the Faculty of.....(Student's Faculty)

Name (Mr./Mrs./Ms.)..... Student ID No.....
 currently enrolled in the Certificate Advance Certificate Master's Degree plan..... Doctorate
 Degree plan.....Program in..... Department.....
 Type of Plan Regular Special Project International English
 Requirement.....

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Reason.....

Address or Telephone Number

Please kindly consider the request

Signature.....
 (.....)

1. Comment of Advisor	2. Comment of Department Head / Program Director	3. The educational Service Section	4. The Dean (Student's Faculty)
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason..... Signature..... (.....) Advisor Date...../...../.....	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason..... Signature..... (.....) Program Director Date...../...../..... Signature..... (.....) Officer Date...../...../..... Signature..... (.....) Dean Date...../...../.....

Remarks Please submit the Form that was permitted from the dean at Registration Office within the registration date.