

Graduate School

Valaya Alongkorn Rajabhat University under the Royal Patronage Pathum Thani

(Mr./Mrs./Miss.)..... Student ID Code

Level of study Master Degree Doctoral Degree Field of study.....

Study at University Center..... Others.....

Type of student Normal Program Special Program Year of study.....

Address.....

Tel. /Mobile Numbere-mail.....

In progress of writing Thesis/ Dissertation Independent study

Title:

.....

Advisor's name

I would like the Graduate School to forward a letter to request on data collection to:

1. The Department Director:

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2. List of names of samples:

.....

.....

3. Number of respondents:.....

Signature.....

(.....)

Student

Date.....

Signature.....

(.....)

Chair of program committee

Date.....

Note: The letter will be issued approximately 7 days after this request is submitted.