REQUEST FOR CHANGE OF RECORDS FORM

Graduate Level

Valaya Alongkorn Rajabhat University under the Royal Patronage, Pathum Thani Province

Date ..... Month ..... B.E. .....

Subject: Request for Change of Records

To: The Dean of the Graduate School

I, (Mr./Mrs./Ms.) ..... Student ID No. .....
a student in the ○ Graduate Diploma Program ○ Master's Degree Program ○ Doctoral Degree Program
majoring in .....
Enrolled in Semester ..... Academic Year ..... Contact phone number .....

I wish to correct my academic records ○ title, first name, and/or surname ○ to accurately reflect the correct information.

Currently used: .....Requested correction: .....
(In the case of a change of first name / surname, the corrected name must also be written in English, in capital letters.)

I therefore respectfully submit this for your kind information.

Signature ..... Student
(.....)
Date: ..... / ..... / .....

Advisor's Comments: .....

Signature ..... Advisor
(.....)
Date: ..... / ..... / .....

Associate Dean's Comments: .....

Signature ..... Associate Dean of the Graduate School
(.....)
Date: ..... / ..... / .....

Dean's Decision: ☐ Approved ☐ Not Approved, because .....

Signature ..... Dean of the Graduate School
(.....)
Date: ..... / ..... / .....

Office of Academic Promotion and Registration

The student requests a change of title / first name / surname. Currently used: .....

Requested correction: ..... in accordance with the attached supporting documents.

Signature ..... Officer, Office of Academic Promotion and Registration