

Request Form for Name-Surname Change

Receive NoDate	
Receiver	

Subject: To change the name-surname				D	
To: Registrar					
Name Mr.	/ Mrs. / Miss				
Faculty			Year	Tel	
Undergraduate	☐ Full-time	☐ Part-time	Program		
Graduate	☐ Full-time	☐ Special Course	Certificate	Program	
I would like to (Complete the for	m and attach the follo	wing documents: co	ertificate of name	-surname change
stration, a copy of ho	usehold registrati	on, and notification or	n appointment of pr	omotion)	
, 20	_				
I would like to change				From	То
Title	Thai				
	English				
Name	Thai				
	English				
Surname	Thai				
	English				
		_	2		cant /)
		Procedure o	of Approval		
1.Advisor's Comme	ent				
Signature		Advisor ()		
2.Registration offic	er				
[] Chec	ked (correct)	[] Checke	ed (incorrect)		
Signature		(/)		
3. Registrar					
5. Registi ai					
_	ved [] Dis	sapproved			

	4. Registration department	
	Recorded data	
	Signature Officer (/)	
(Complete the form carefully $\ \ \ \ \ \ \ \ \ \ \ \ \ $	
S	Submit to registration department	