No. .....

Request Form for Program Selection

Semester ( ) 1st ( ) 2nd Academic Year.....

I am Mr. / Ms. / Mrs .....

Home Phone /Mobile Phone (Contact for more information).....

Passed the selection for Degree Level

☐ PhD ☐ Highly Graduate Certificate ☐ Master ☐ Graduate Certificate

(In case of passing the selection more than 1 program, please notify all.)

1. Name of Program.....Program ID ☐☐☐☐

   Faculty..... Application ID ☐☐☐☐☐

2. Name of Program.....Program ID ☐☐☐☐

   Faculty..... Application ID ☐☐☐☐☐

3. Name of Program.....Program ID ☐☐☐☐

   Faculty..... Application ID ☐☐☐☐☐

4. Name of Program.....Program ID ☐☐☐☐

   Faculty..... Application ID ☐☐☐☐☐

I decide to select.....Program ID ☐☐☐☐

Faculty.....Application ID ☐☐☐☐☐

Remarks: (In case of passing the selection more than 1 program, Office of the Registrar will not generate new Student ID number until the Request Form is submitted and your disclamation must be informed to the other program)

(Signed)..... Requestor

...../...../.....

Submit the request to Office of the Registrar Email: webreg@chula.ac.th