

**Chulalongkorn University Graduate School**

Letter of Acceptance Request Form

() First () Second Semester Academic Year.....

Title Request for Letter of Acceptance

I would like to request for Letter of Acceptance from Chulalongkorn University Graduate School to request a permission from organization for study leave permit as follows:

Name – Surname (Mr. / Mrs. / Ms.)

(If you have a military/police ranks, please specify)

Has been admitted to study in ☐ Ph.D. ☐ Higher Graduate Diploma Program
☐ Master's degree ☐ Diploma Program

Department of..... Program.....

Interdisciplinary Program..... Faculty of

Signature.....

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For officer use only

Documents issued

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Data certified correct

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Head of Division of Education Support

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Director of Academic Affairs

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