



General Request Form
for Graduate Studies
Faculty of Pharmacy Thammasat University

Day.....Month.....Year.....

Title

Dear Dean (through Assistant Dean for Graduate Studies)

Name (Mr./Mrs./Ms.).....Student ID.....

Level of Study ☐ Master's Degree, Master of Science in Pharmaceutical and Health Sciences

☐ Plan A Type A (1) A 1 ☐ Plan A Type A (2) A 2 ☐ Plan B

☐ Doctoral Degree, Doctor of Philosophy in Pharmaceutical and Health Sciences

☐ Type 1 (1)/ 1.1 ☐ Type 1 (2)/ 1.2

☐ Type 2 (1)/ 2.1 ☐ Type 2 (2)/ 2.2

Types of Program ☐ Regular

☐ Special

Enrolled from the semester.....Academic Year.....Mobile Number.....

I would like to (with reasons explained).....

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Consequently I request hereby for your approval.

Signature.....Student

(.....)

1. Advisor's Comments

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2. Assistant Dean for Graduate Studies' Comments

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Signature.....

(.....)

Date...../...../.....

Signature.....

(Assoc. Prof. Dr. Rathapon Asasutjarit)

Date...../...../.....

3. Dean's comments

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Signature.....

(Assoc. Prof. Dr. Arom Jedsadayanmata)

Date...../...../.....