



THAMMASAT UNIVERSITY
PRACHAN CAMPUS
OFFICE OF THE REGISTRAR
2 PRACHAN ROAD, PHRANAKORN
BANGKOK 10220 THAILAND
TEL 66-2613-3717-9 Ext. 3719

INFORMATION MUST BE TYPED.....

To the applicant : Please complete the information below and send this form to the registrar of the university or college that awarded your undergraduate or graduate degree.

Name of Applicant :

GIVEN

MIDDLE

FAMILY

Citizenship : University/college.....

Student No :

School attended within University/College

Date : Signature of Applicant.....

To the Registrar : The above named undergraduate/graduate student has indicated attendance at your institution. He/She is applying for admission to Thammasat University. Office of the Registrar has under review the undergraduate/graduate student of the above mention person and would greatly appreciate your confirmation of the information concerning attendance and degree (s) or diploma (s) obtained. Please complete the remainder of the form as indicated below, seal the envelope and sign across the envelope seal to ensure confidentiality.

Please return the sealed envelope to our office of the Registrar. Thank you for your assistance.

Attendance at

Date of Applicant's Enrollment : Fromto.....

month/year

month/year

Date of Graduation :

month/year

Degree (s) Diploma (s)G.P.A.....

Registrar's signatureDate.....

Name of Registrar (PRINT OR TYPE).....

Institutional Seal or Stamp