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Khlong-Luang, Pathumthani 12121 Thailand
Tel. (662) 5644440-4 Ext. 7316 – 8
Fax: (662) 516 - 5381

WAIVE LATE REGISTRATION FEE

Subject : Request for waive late registration fee

To : Dean, Faculty of Nursing

Student's Name (Mr./Miss/Mrs.).....

☐ Doctoral Degree ☐ Plan 1(1) ☐ Plan 1(2) ☐ Plan 2(1) ☐ Plan 2(2)

○ Regular Program ○ Special Program ○ International Program

Student's ID No. : ..... Department: .....Nursing Science (International Program).....

Major Field: ..... Minor Field: .....

Semester/Year of Admission: .....Contact Phone No.: ..... .E-mail: .....

Dissertation topic:

.....

Requesting for:.

.....

Because.....

Student's Signature: .....

Date: .....

Advice/Recommendation : (Major Advisor)	**Director/Recommendation :** (Director, Ph.D. Program in Nursing Science)	**Associate Dean/Recommendation :** (Associate Dean for Research and Graduate studies and International Affairs)
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.....	.....	
Signature:	Signature:	Signature: .....
( )	(Assoc. Prof. Dr.Yaowarat Matchim)	(Asst. Prof. Dr.Natthapat Buaboon)
Date:	Date:	Date: .....
☐ Approved	☐ Approved	☐ Approved
☐ Disapproved	☐ Disapproved	☐ Disapproved

(FOR OFFICE USE ONLY)

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