

Supervisors' Recommendation

I, (Mr., Mrs., Miss)
am employed as and I am
the supervisor of (Mr., Mrs., Miss)
....., the applicant for the
Graduate College, KMUTNB. I hereby confirm that the applicant
has been working from year up to the present
for years months. The applicant is working at present
in the position
of
..... and is responsible for
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I, as a supervisor, allow (Mr., Mrs., Miss)

....., the applicant for Graduate College, KMUTNB, to apply for
(Academic Program)

..... Academic Program Code

Education Doctor Plan 1.1 Plan 1.2 Plan 2.1 Plan 2.2
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 Plan B Plan B
Program Regular Special
Session Office Evening Weeken Saturday Sunday
 hours d

to study at KMUTNB if he/she can pass the selection process.

Signature

(.....
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.....)

Date

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