## GR.18 Request for Change of Given Name/ Surname/Title /Position/Address/Other Academic Services Section, Faculty of Graduate Studies, Mahidol University

| Faculty of Graduate Studies Dean Office  |   |                       |
|--|---|-----------------------|
| Branch Office at   |   |                       |
| To Dean, Faculty of Graduate Studies(FGS),   |   |                       |
| I am Mr./Mrs./Miss/Rank  |   |                       |
| Student I.D. Number  | ☐ / ☐ Program ☐ General ☐ Sp                | pecial  International |
| Degree Graduate Diploma Master's degree  | _   | _                     |
| Field of Study   | -   |                       |
| <ol> <li>I hereby request that the Faculty of Graduate Studi</li> <li>change the spelling of my given name student register to the following correct spelli</li> </ol>   | surname from the way it is incorre          |                       |
| 2. $\square$ change my given name to be as follows ( <i>the st</i>   | udent must attach 1 copy of the official i  | name change form):    |
| 3.   | ent must attach 1 copy of the official surr | name change form):    |
| <ul> <li>4. □ change my title from that appearing in the stude of the official title change form): □ Mr. □</li> <li>5. □ change my rank/position from that appearing in the stude of the official title change form): □ Mr. □</li> </ul> | Mrs. Miss                                   |                       |
| (the student must attach 1 copy of the official  |   | _                     |
| _  |   |                       |
| 6. Lachange my mailing address, [ ] while an active student with the Faculty of Graduate Studies [ ] after graduation  |   |                       |
| New address:   | addation                                    |                       |
| Address  | District/City                               |                       |
| Province/State   |   |                       |
| CountryTel   |   |                       |
| 7. Other   |   |                       |
|  |   | 1                     |
| Contact student by Tel.  | e-mail                                      |                       |
|  |   | •                     |
| ความเห็นหัวหน้างานบริการการศึกษา   | _   | for Student           |
| ☐ เห็นชอบให้ดำเนินการได้   |   |                       |
| 🗌 ไม่เห็นชอบ เนื่องจาก   |   | for Officer           |
|  | Date  |                       |
| ลงชื่อ   | แก้ไขข้อมูลแล้ว                             |                       |
| วันที่   | ลงนาม(ผู้แก้ไข)                             |                       |
|  | วันที่                                      | 25 Jan 2011           |