

GR. 23 Certification of Acceptance to study

(For eligible candidates who need a certifying of acceptance to fulfill the requirements of scholarship pursuit, study leave , etc.)

Student Admission Section , Faculty of Graduate Studies , Mahidol University

Complete all sections using BLOCK LETTERS

I am MR./Mrs./Miss/Rank.....

Student ID Number

Program Thai Program Part time Program International Program

Level Graduate Master's Degree Graduate Dip. Doctoral Degree

Program.....

Faculty / Inst. / College.....

Total number of Certificate request.....copy

Contact student by Tel.....Fax.....e-mail.....

Note : The Certificate will be available approximately 5 working days after submitting this request

Please specify where you will receive the result Student Admission Section Salaya **Or**

FGS. Branch office at Faculty Medicine Siriraj Hospital Faculty of Science Faculty of Dentistry

Signature.....for Student

Date.....

Signature.....for Officer

(Student Admission Officer)

Date.....

For Cashier

Student had already paid.....baht. Receipt book no..... Receipt no.....

Signature.....for Officer

(Cashier Officer)

Date.....