



General Request Form
Office of International Affairs

Straight face picture

Faculty of Pharmaceutical Sciences Chulalongkorn University

* Mr. / Mrs. / Ms.

* Student's ID * Passport ID No

Graduated from (University name).....Country.....

Contact address in home country.....

* Level of study/research in Chula [] Bachelor [] Master [] Ph.D. [] Postdoctoral

* Program of study [] Pharmacology and Toxicology [] Pharmaceutical Sciences and Technology (PST)

[] Pharmaceutical Care [] Social and Administrative Pharmacy (International Program)

[] Industrial Pharmacy [] Other (please specify detail)

* Thailand address

Thai mobile phone number * Email

Scholarship title (please specify)

Arrival date (If any).....

Start your study/research in [] August [] January [] Other Academic Year

* I would like to

1. [] Request visa letter for entry Thailand (please attach passport file, Certificate of Admission file (for student))

2. [] Request extension visa letter (for 2nd and 3rd year please attach grade report file)

- [] for one year - [] formonth (s)

3. [] Request student visa cancellation letter

4. [] Academic / Research Aboard (please see the protocol below)

* Study/Research duration start from (date).....to.....

5. [] Other (please specify detail)

Please consider my request

Student's Signature

Student's full name (.....)

Date

Table with 2 columns: Advisor's Comment and From number 4. Academic / Research Aboard protocol. Includes fields for Advisor's Signature and Date, and a list of required documents for protocol 4.

Note : 1. Required red asterisk (*). Student fill this form by typing. Send to this email : internationalaffairs@pharm.chula.ac.th