



# Naresuan University

## Authorization Request Form

Date.....Month.....Year.....

Subject: Authorization

To: The Vice President for Academic Affairs

I (Mr./Ms./Mrs.).....ID.....

**Bachelor's Degree Program**     Full Time     Part Time     Continuing education (two years)

**Master's Degree Program**     Full Time     Part Time in Phitsanulok

Part Time in Province (Specify).....

Teacher Development Program     M.B.A

**Doctoral Degree Program**     Full Time     Part Time in Province (Specify).....

Faculty.....Major.....

Contact Address by Post.....

Authorize (Mr./Ms./Mrs.).....

To Receive Certificate     To Receive Certification (Graduation Statement)

To Receive Certificate's Translation     To Receive Transcript

Others (Specify)

For the following reason(s) .....

.....

Thank you for your consideration.

Sincerely,

Signature.....Authorizing Person

(Mr./Ms./Mrs.).....

Signature.....Authorizing Person

(Mr./Ms./Mrs.).....

Signature.....Witness

(Mr./Ms./Mrs.).....

Signature.....Witness

(Mr./Ms./Mrs.).....

Advisor's Comment	NU's Consideration