

Department

Memorandum

College of Graduate Studies Tel 76481-3

MHESI	Oate	
Subject An Approval for Monthly Allowances from	n Walailak University Graduate Scholarships	
To Head of Division of Finance and Accounting		
I am □ Mr. □ Ms. □ Mrs	Student ID	
from School of	🗆 Master 🗆 Doctoral program in	
	ncial support from Walailak University Graduate Scholarsh	
) The scholarship is commencing on	
From academic year until Ir	n this semester, I have enrolled credit(s)	of
thesis. Contact Address		
Tel E-Mail	I request for an approv	/al of
the monthly allowances for	with the total amou	nt of
bath ()	
	Sign Scholarship re	ecipient
	()	
	Date//	
* If the recipient fails to secure advance permission from	n the CGS for being absent from the campus, the scholarshi	p
provider holds the authority to withhold allowances thro	oughout the period of absence.	
An approval of thesis advisor		
		•••••
	Sign Thesis Advisor	
	()	
	Date///	
	Graduate Studies (CGS)	
	Dean of College of Graduate Studies	
Documents checked	☐ Approved	
	Disapproved because	
Sign	Sign	
(Miss Niramon Boonsang)	(Assoc Prof. Dr Phongpichit Channuie)	
CGS officer	Dean of CGS	
I request to receive the total amount of money as	Bath by transferring to	 Ba
	, Account Name	
, 1222 3.11	, : · -	
Sign	. Sign	
(-	
Receiver	Payer	,
Date///	Date//	

Note: 1) A copy of scholarship contract was attached with first request memorandum.

2) A copy of national ID card or passport