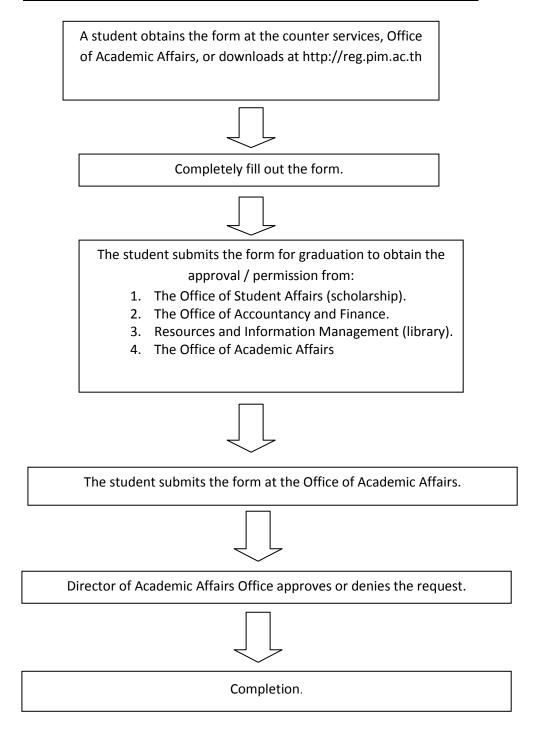


Received No.	AA.13
Received by	Date

	Datereal
Mr./ Mrs./ Ms.) First Name	Surname
Phone Email Address	
Student ID	
Degree of Study: Bachelor's Degree Mast	er's Degree Doctoral Degree
Field of Study Faculty Faculty	
ntend to graduate in the Academic Year	
My contact information: Telephone () and my address is as follows:	
Address No Village (if applicable)	Soi
Road Sub District	District/City
Province /StatePostal Code	e Country
Required documents:  1. A copy of national identification card/passport. 2. A copy of name / surname change (if applicable). 3. A copy of graduation fees payment. 4. Others	I hereby certify that the above information is true and correct to the best my knowledge.  Student's Signature
<ol> <li>Process within the faculty and other departments.</li> <li>Process within Office of Academic Affairs.</li> </ol>	
1.1 The Office of Student Affairs' comment  ☐ Student's conduct is satisfied.	2.1 Office of Academic Affair ()  ☐ First Class Honors ☐ Second Class Honors
Signature	Signature ( )/
1.2 The Office of Accountancy and Finance's comment.  ☐ No payment due ☐ payment due	2.2 Office of Academic Affair ()  □ First Class Honors □ Second Class Honors
Signature )/	Signature)/
1.3 Library  ☐ No payment due ☐ payment due	2.3 Director / Assistant Director/ Manager of AA.  ☐ First Class Honors ☐ Second Class Honors
Signature )/ /	Signature )/ /

## **Instructions to submit the Intend to Graduate Form**



Note: When an officer at the Office of Academic Affairs discovers that a student is waiting for grades to be released or does not satisfy the curriculum requirements, this form will be not processed. Please submit the Intend to Graduate Form when all requirements are satisfied.