Application for Re-examination

Written at: .....
Date: ..... Month: ..... B.E./A.D.: .....

To: The Course Director of .....
Through: The Head of the Department of .....

I, Mr./Ms./Miss .....
(Student ID:.....), Faculty of ....., Major .....,
Year Level ....., reachable at: House No. ..... Village No. ..... Soi .....
Road ..... Subdistrict/Khet ..... District/Area .....
Province .....Postal Code..... Phone Number .....

hereby wish to apply for a re-examination for the course: .....
in accordance with Mahidol University Regulations on Diploma and Undergraduate Education (No. 10) B.E. 2563 (A.D. 2020), Clause 6. I accept the outcome of this re-examination.

Your kind consideration and assistance would be greatly appreciated.

Sincerely, ...
(.....)

Associate Dean for Doctor of Pharmacy (International Program) ' Opinion	Department Head's Opinion	Dean's Opinion
☐ Approved	☐ Approved	☐ Approved
Signature: ..... (.....) Date: ...../...../.....	Signature: ..... (.....) Date: ...../...../.....	Signature: ..... (.....) Date: ...../...../.....