



Dear Rector

I (Mr./ Mrs. / Miss) _____ Student Code _____

a student of Undergraduate Graduate the Institute of _____
School of _____ GPAX _____ No. of credits _____

wish to postpone the payment for registration fees without being fined (If paid with in 4 weeks
from the first day of the trimester) Trimester _____ Academic Year _____

Because (specify reasons) _____

Turn overleaf to fill another form ➔

I promise to pay the full amount on Date _____ Month _____ Year _____

If I fail to do so, I consent to the university taking action in accordance with the university rules and regulations.

Thank you for your kind consideration.

Signature _____

Date _____

***Students asking for postponement until after the 4th week
of the trimester shall be fined for late payment as follows:

- Undergraduate 20 Baht/per day
- Graduate 50 Baht/per day

N.B. For more information, please call _____ or E mail _____

Advisor's Comments	University's Decision
<input type="checkbox"/> should be approved <input type="checkbox"/> should not be approved Reasons _____ _____ _____ Signature _____ (_____) Date _____	<input type="checkbox"/> Apporved <input type="checkbox"/> Not approved <input type="checkbox"/> Others _____ _____ _____ Signature _____ (Assoc. Prof. Dr.Sajeera Kupittayanant, DVM) Director, The Center for Educational Services Date _____

Students who have submitted the request can follow up the matter at <http://www.reg.sut.ac.th> by Login using student's code ➔ Expenses/Scholarships ➔ Date for postponed payment. If information is not found, contact officers of Student Registration Section, Center for Educational Services

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Student's Personal Details

1. No. of family members _____ persons No. of brothers & sisters(students included) _____ persons
Order in the family _____ (e.g. 1st child etc.) (Specify details) _____

2. Family status (Specify details) _____

3. Name/Names of educational supporter/supporters _____

Occupation _____ Income _____ Baht per month

4. Student's Accommodation University Dorm Own home

Off campus (Specify) _____ Rental Fees _____ Baht per month

5. Personal expenses _____ Baht per month

6. Others

7. Addresses and phone numbers of educational supporter/supporters House No. ___ Village No. ___

Lane ___ Street/Road _____ Subdistrict _____ District _____

Province _____ Postal Code _____ Phone Numbers _____

I testify that the above details are true and correct.

Signature _____

(_____)

Date _____