



Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Dear Deputy Dean for Budget and Finance of the Faculty of Information and Communication Technology  
Subject: Request for Deferment of Tuition Fee Payment for semester \_\_\_\_\_ / \_\_\_\_\_

My name is (Ms./Mr.) \_\_\_\_\_ Student ID   
a student of the Bachelor of Science Program in Information and Communication Technology, year of study \_\_\_\_\_  
Mobile Phone \_\_\_\_\_, would like to request a deferment of tuition fee payment because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will make the tuition fee payment on (date) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_

However, if I do not make the payment by the due date mentioned, I acknowledge that the Faculty of ICT will not allow me to take the final examination of the semester stated above.

Guardian's consent  Father  Mother  Guardian  
I hereby certify that the information provided above is entirely true.  
Signature \_\_\_\_\_  
( \_\_\_\_\_ )  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Student

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Head of the Academic Administration Office	Assistant Dean for Academic Affairs	Deputy Dean for Budget and Finance
<input type="checkbox"/> Approve to defer the tuition fee payment <input type="checkbox"/> Others    Signature _____ (Miss Mayuret Yodkam) Date ____ / ____ / ____	<input type="checkbox"/> Approve <input type="checkbox"/> Not Approve    Signature _____ (Dr. Thanapon Noraset) Date ____ / ____ / ____	<input type="checkbox"/> Approve <input type="checkbox"/> Not Approve    Signature _____ (Mrs. Amornrat Chairat) Date ____ / ____ / ____

