



Date _____ Month _____ Year _____

Dear Deputy Dean for Resources Administration of the Faculty of Information and Communication Technology (ICT)

Subject: Request for Deferment of Tuition Fee Payment for semester _____ / _____

I, (Mr./Miss) _____ , student ID □□□□□□□□,
a bachelor degree student of the Faculty of Information and Communication Technology, year of study _____,
telephone number _____, 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 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian I hereby certify that the information provided above is entirely true. Signature _____ (_____) Date ____ / ____ / ____

Signature _____ Student
(_____)
Date ____ / ____ / ____

Head of the Academic Administration Office	Deputy Deans' Consideration	
	1. Deputy Dean for Academic Administration	2. Deputy Dean for Resources Administration
<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. Pawitra Liamruk) Date ____ / ____ / ____	<input type="checkbox"/> Approve <input type="checkbox"/> Not Approve Signature _____ (Mrs. Amornrat Chairat) Date ____ / ____ / ____

