



**Request for Approval for Professional and Personal Skills Development Activities**

To The Dean of the Faculty of Graduate Studies  
 I (name of the project organizer/course coordinator/chair of department) .....  
 Position .....Section/Unit.....  
 Coordinator of.....Tel. ....  
 would like to confirm that a total of (number of students)..... graduate students  
 from (Name of the Program) .....  
 (Department).....  
 (Name of College/School/Institute).....  
 have participated in (Thai name of the activity) .....  
 (English name of the activity) .....  
 From (Date)..... (Month) ..... (Year) .....  
 Venue .....  
 Content .....

- Project  Communication and Language Skills  
 (1 project / 1 skill)  Leadership and management Skills  
 Research Skills  
 Information Technology Skills

I hereby confirm that the students have participated in the activity in the date and venue specified above.

(Signature).....  
 (.....)  
 Date ...../...../.....

- Remarks :** Please attach the following:  
 1. Schedule or details of the activity  
 2. The name list of participants

(For Student Affairs staff members)

To The Deputy Dean for Student Development  
 Please kindly review and consider accordingly.

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  ..... (Asst.Prof. Sorachai Srisuma, M.D., Ph.D.) The Deputy Dean for Student Development Acting Dean of the Faculty of Graduate Studies
--