

School Address

Please provide the information clearly and completely where your school may be reached for the verification of your educational qualification.

โปรดให้ข้อมูลที่ชัดเจนและครบถ้วนเกี่ยวกับสถานศึกษาเดิมของนักศึกษา เพื่อใช้ในการจัดส่งตรวจสอบวุฒิการศึกษา

Student's name RU student ID

To

Name of School

School Address

.....

.....

City Postal Code

Country

School E-mail (if any)

Languages other than English

TO

or Send Document to :

E-MAIL : inspect_transcript@rumail.ru.ac.th

ADDRESS: ADMISSIONS AND RECORDS OFFICE (AOB 3rd FL.)

RAMKHAMHAENG UNIVERSITY

HUAMARK, BANGKAPI, BANGKOK 10240 THAILAND

FAX: 0 2310 8628

TEL: 0 2310 8000 (ext.) 4835



AUTHORIZATION FORM

ADMISSIONS AND RECORDS OFFICE, RAMKHAMHAENG UNIVERSITY

Date

STUDENT INFORMATION

First name

Middle name (if any)

Last name

Date of birth (DD / MM / YYYY)

Male Female
Gender

Thai ID card or Passport number

Name of school / university / college

Date of graduation (DD / MM / YYYY)

Email

Phone number

Ramkhamhaeng University student ID

AUTHORIZATION

I hereby authorize Ramkhamhaeng University to request your school / university / college / office release my complete academic transcript or confirm certificate to Ramkhamhaeng University.

I certify under penalty of law that I am the individual identified in this transcript request authorized to make this request **(sign your name below)**



Student's signature

or Send Document to :

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