College of Management Mahidol University
General Request Form

No. ……....

Date_____

Student ID._____Name_____Major_____

Email_____ Mobile No. _____

☐ **Late payment fee waiver** Term ☐ May ☐ Sep ☐ Jan Year_____

Reason (**Required**)

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☐ **Others: Topic ……..……**

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Student signature_____

Program Chair ☐ Approve ☐ Not Approve

Program Chair signature_____

Date_____