



Application for late payment of tuition fees

(Please fill details and submit an application form at least 5 working days for consideration.)

Date

Application attached document No. รว 78.067/

Subject Application for late payment of tuition fees ☐ First Semester ☐ Second Semester

Dear Deputy Director for Nursing Education

I, ☐ Mr. ☐ Ms. Student ID. Year

Present address

e-mail: GPAX, would like to send a request for delayed payment of tuition fees and an exemption from late fees due to.....

The fee will be paid before..... I certify that the above information is correct and true in all respects.

Sincerely yours

Sign.....

(.....) Student's name

Please certify that the above statement is correct and true in all respects.

Sign.....

(.....) Parents/guardian's name

<p>1. Opinion of Deputy Director for Nursing Education</p> <p><input type="checkbox"/> Approval for delayed payment of tuition fees</p> <p><input type="checkbox"/> Other.....</p> <p>Signed</p> <p>(.....)</p> <p>Deputy Director for Nursing Education</p> <p>Date</p>	<p>2. Opinion of Director of Ramathibodi School of Nursing</p> <p><input type="checkbox"/> Approval for delayed payment of tuition fees</p> <p><input type="checkbox"/> Other.....</p> <p>Signed</p> <p>(.....)</p> <p>Director of Ramathibodi School of Nursing</p> <p>Date</p>
<p>3. Opinion of Deputy Dean for Education</p> <p><input type="checkbox"/> Approval for payment of tuition fees</p> <p><input type="checkbox"/> Other.....</p> <p>Signed</p> <p>(.....)</p> <p>Deputy Dean for Education</p> <p>Date</p>	<p>4. Opinion of Vice President for Academic Affairs</p> <p><input type="checkbox"/> Approval for delayed payment of tuition fees</p> <p><input type="checkbox"/> Other.....</p> <p>Signed</p> <p>(.....)</p> <p>Vice President for Academic Affairs</p> <p>Date</p>