



Request for Criminal Record Check Letter

King Mongkut's University of Technology North Bangkok

STUDENT INFORMATION

(Title)	(First Name)	(Middle Name, if any)	(Family Name)
Enrolled Student ID:		Exchange Student ID:	
TGS Email:		Alternative Email:	
Thai Mobile Phone Number:			
Study Program: <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Master Degree, Master Study Plan: <input type="checkbox"/> Study Plan A1 (No Internship) <input type="checkbox"/> Study Plan A2 <input type="checkbox"/> Study Plan B (No Thesis)			
Study Curriculum Program:		Minor:	

Request of Criminal Record Check Letter

(The student fills this section.)

Name of Passport:	
Country of Citizenship:	Nationality:
Passport Number:	Valid until date (DD/MM/YY):
Studying at TGS as: <input type="checkbox"/> Enrolled Student: First enrolled academic semester and year: _____ Date of Graduation/Expected Semester of Graduation: _____ <input type="checkbox"/> Exchange Student: Arrival Date to Thailand (DD/MM/YY): _____ For <input type="checkbox"/> Coursework <input type="checkbox"/> Internship <input type="checkbox"/> Thesis <input type="checkbox"/> Research From University: _____	
Please state the reasons for the criminal record check :	Following documents are submitted with this form: <input type="checkbox"/> A copy of passport <input type="checkbox"/> A copy of Thai ED Visa (Sticker Page) <input type="checkbox"/> A copy of immigration stamp <input type="checkbox"/> _____
Date the student scheduled an appointment and will submit the document to the Royal Thai Police for a criminal record check service: Very important remark: 1. Students must make an appointment with the Royal Thai Police for a criminal record check service prior complete this form. 2. Please ensure the date before filling it in the form because the date on the letter and the date the student submit the letter to the Royal Thai Police for a criminal record check service must be the same.	
Student Signature:	Submission Date:

TGS Advisor APPROVAL

(The advisor fills this section.)

TGS Academic Affairs Officer' Memo: <input type="checkbox"/> To be considered <input type="checkbox"/> To be approved <input type="checkbox"/> _____		Signature: Signature Date:
Approval of TGS Associate Dean for Academic Affairs: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with condition: _____ <input type="checkbox"/> Not Approved <input type="checkbox"/> _____		
TGS Associated Dean for Academic Affairs' Name and Signature:		Approval Date: