## Request for delayed payment Faculty of Nursing, Khon Kaen University

	Date		
Dear Director,	rector, Bureau of Academic Administration and Development		
I am (No currently enrolled Doctor of Phase Hereby Doctor Second	Mr./Mrs./Miss.) ed in the □ Bache nilosophy in Nursin y, I am requesting the nester, Academic Youngster, Academic Youngster, Academic mester, Academic reason of	elor of Nursing Science	rrsing Science Plan tional program.  the □ First semester  on Kaen University as followed; □ First semester □ Second
3) i pro	I promise to reimburse the tuition fees to Khon Kaen University on		
	Sequently I would like to request hereby for your consideration.  Signature		
1. Advisor/ Majo	or Advisor	2. Faculty's Educational Service	3. Dean, Faculty of Nursing
□ Approved □ Disapproved Because		☐ This case should be disapproved ☐ This case should be approved, and forward to Bureau of Academic Administration and Development for consideration.	☐ Disapproved ☐ Approved, and forward to Bureau of Academic Administration and Development for consideration.
Signature (Advi	) isor	Signature)  Officer	Signature)  ()  Dean