



**CHULABHORN
ROYAL ACADEMY**

Princess Srisavangavadhana College of Medicine

Scores / Academic Results Review Form

Educational Service, Registration, and Evaluation Office

Date

Subject

Dear

I (Mr./ Ms./ Mrs.)..... Student ID

Program Year

Mobile number E-mail

Would like to request for a review of scores / academic results in the subject

Because

.....

.....

Thank you for your consideration

Yours sincerely,

Signature

(.....)

<p>① Program Director's comment</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p> <p>Because.....</p> <p>.....</p> <p>.....</p> <p>Signature.....</p> <p>(.....)</p> <p>Date</p>	<p>② Dean's comment</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p> <p>Because.....</p> <p>.....</p> <p>.....</p> <p>Signature</p> <p>(.....)</p> <p>Date</p>
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