

Prince of Songkla University International College

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| No. | | | |
| Subject | | | |
| Date | | | |
| To | | | |
| <input type="checkbox"/> For Sign | | | |
| Note <div style="text-align: right;"> (Sign) (.....) Date: </div> | | | |
| Head of Department's Comment | | Dean's Comment | |
| | | | |
| <input type="checkbox"/> Approve <input type="checkbox"/> Not Approve | | <input type="checkbox"/> Approve <input type="checkbox"/> Not Approve | |
| (Sign) (.....) Date: | | (Sign) (.....) Date: | |