

Chulalongkorn University

TRANSCRIPT REPORT

NAME Firstname SURNAME Surname

STUDENT ID. 5730000021 **IDENTIFICATION No.** 0-0000-00000-00-0

STATUS Status GENDER Gender

BIRTHDATE MMM DD YYYY AGE XX

FACULTY Faculty DEPARTMENT Department

FIELD OF STUDY Field DEGREE Bachelor of Engineering

ADDRESS Address (houseno, road, subdistrict, district, province, postalcode)

TELEPHONE Telephone number

_	COURSE NO.	ABBREVIATED NAME	CREDIT	GRADE	COURSE NO.	ABBREVIATED NAME	CREDIT	GRADE
1 st Semester 2014								
	2110422	DB MGT SYS DESIGN	3	А				
	2110222	DB MGT SYS DESIGN II	3	Χ				
	2110223	DB MGT SYS DESIGN II	3	Χ				
	2110224	EZ COMP PROG IV	3	F				