



Order of Graduate School, Maharakham University

Re: Announcement for the International Students to Study Doctoral Degree Programs Full Time  
(Specific Classroom) For the first Semester, Academic Year 2024

Graduate School hereby announces the list of new students accepted for admission to  
the Doctoral Degree Programs full time, academic year 1/2024 as follows:

Faculty of Fine-Applied Arts and Cultural Science

Doctor of Philosophy Program in Fine and Applied Arts Research and Creation

No	Title	Name	Surname	Type
1	Ms	Weiyu	Ren	1.1
2	Mr	Yuanquan	Yu	1.1
3	Mr	Shaokang	Ji	1.1
4	Ms	Xiaoying	Yue	1.1
5	Mr	Lu	Zhang	1.1
6	Mr	Qingli	Zhu	1.1
7	Mr	Bin	Zhu	1.1
8	Mr	Hailiang	Yang	1.1
9	Ms	Xin	Gu	1.1
10	Mr	Haiyang	Xue	1.1
11	Mr	Muxi	Zhao	1.1
12	Mr	Shuai	Yuan	1.1
13	Mr	Jiayang	Chen	1.1
14	Mr	Tengfei	Xian	1.1
15	Mr	Xiaobin	Cai	1.1

Graduate School, Maharakham University is delighted to announce 15 accepted candidates. Accepted candidates must perform the letter of authorization as the files attached and send through email: oia@msu.ac.th, and process an online confirmation through the Division of Registration system ([http://regpr.msu.ac.th/admission\\_eng/](http://regpr.msu.ac.th/admission_eng/)) during March 11 to April 15, 2024.

If accepted candidates do not perform the online confirmation within the specified period, it means that the candidates may be rejected the admission to the program for the first semester 2024 (Admissions).

This order will henceforth be effective

Given on **23** February 2024



(Associate Professor Niwat Angkawisittpan, Ph.D.)  
Deputy Dean of Administration, Graduate School  
Acting on Behalf of the Dean of Graduate School  
Mahasarakham University



**MAHASARAKHAM**  
UNIVERSITY

Division of Registration  
Maharakham University  
41 Village No. 20, Kham Rieng Sub-District,  
Kantharawichai District  
Maharakham 44150, THAILAND

### Letter of Authorization

Dear Sir/Madam

I, the undersigned, hereby authorize the release of my academic records and other related information to the faculty of ....., Maharakham University, Maha Sarakham, Thailand 44150, upon request. The following data is provided as a reference for your office.

Name: Mr. /Mrs. /Ms. ....

Matriculation of Student ID Number .....

Degree (s) or Certificate (s) or Diploma: .....

Field of Study: .....

Date of Admission: .....

Date of Graduation: .....

Thank you very much for your kind cooperation.

Sincerely,

(Mr. /Mrs. /Ms. ....)

## Confirmation of Academic Credentials

Student's Name: .....

Degree: .....

Major: .....

Date Degree Conferred: .....

(If degree has not been conferred)

Date all requirements were completed: .....

Date degree will be conferred: .....

Signature of institution official .....

Name (printed) .....

Position .....

Name and Seal of institution .....

Please return this form to the address specified below:

Division of Registration

Maharakham University

Kham Rieng Sub-District

Kantharawichai District

Maharakham, 44150

THAILAND

University Seal

(Fax number): 66-43-719-890