



Order of Graduate School, Maharakham University

Re: Announcement for the International Students to Study Doctoral Degree Programs
(Full Time) For the First Semester, Academic Year 2024 (Additional Round 2)

Graduate School hereby announces the list of new students accepted for admission to the Doctoral Degree Programs, academic year 1/2024 (Additional Round 2) as follows:

Faculty of Informatics

Doctor of Philosophy (Creative Media)

No	Title	Name	Surname	Type
1	Ms	Jie	Fan	2.1

Graduate School, Maharakham University is delighted to announce 1 accepted candidate. Accepted candidate must perform the letter of authorization as the files attached and send through email: reg@msu.ac.th, and process an online confirmation through the Division of Registration system (http://registration.msu.ac.th/admission_eng/home.php) during May 6-31, 2024.

If accepted candidates does 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 30 April 2024

(Associate Professor Chonlatee Photong, Ph.D.)
Deputy Dean of Administration, Graduate School
Acting on Behalf of the Dean of Graduate School
Maharakham 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