



**CHULALONGKORN UNIVERSITY ACADEMIC TESTING CENTER
Request Form**

First Name (Mr. / Ms./ Mrs.).....Last Name

Passport NumberNationality.....

Contact Number.....Email Address

Test(s) taken

- CU-TEP** Registration No..... Test Date..... Number of copies.....
- CU-AAT** Registration No..... Test Date..... Number of copies.....
- CU-TAD** Registration No..... Test Date..... Number of copies.....
- CU-ATS** Registration No..... Test Date..... Number of copies.....

Request for

Modifying personal information and asking for permission to enter the test room.
From To

Test Venue: Building name Room Seat No.....

Please note that:

- Applicants must attach the original or certified copies of identification card or passport when applying for this request form.
- Applicants who need to ask for permission to enter the test room must submit the request form at CU-ATC front office or by e-mail cuatc@chula.ac.th within 12.00PM on working days before the test day.
- For those who submitted the request form asking for permission to enter the test room, your score report paper will show the name you have registered. Modification(s) of personal information after payment cannot be done. The test score is valid for 2 years.

- Original Score Report (50 baht/copy)**
- Modifying personal information for using the registration program**
- Others**

Applicant Signature

Date

For office use only

Approved

Denied

Signature

Date