



# Request for Recommendation Letters

To request for a recommendation letter(s), you can ask the request form via buiao@bu.ac.th or pick up a hardcopy of the form from International Affairs Office at City Campus or the Records Office in both campuses

- Fill out the form (If the form is incomplete, the processes may take more than 7 working days)
- Pay the fee at the Financial Affairs Office in both campuses
  - 30 baht per one Recommendation Letter
  - 20 baht for one copy of Unofficial Transcript
- The process of picking up the Recommendation Letter
  - Pick up in person at the office that you requested.
  - Mailing Service (In case you or the university wants to receive the letter by mail)
    - Express Mail Service (Domestic) 40 BTH/ 1-10 recommendation letter(s)
    - Express Mail Service (International) 300 BTH/ 1-10 recommendation letters
- Submit the **completed** request form at the International Affairs Office or Records Office together with the receipt from item 2
- Receive an appointment slip 7-10 working days after the submission date.

<p><b>The process of picking up the letter of recommendation</b></p> <p><input type="checkbox"/> Pick up in person at the Records Office            ○ City campus ○ Rangsit campus</p> <p><input type="checkbox"/> Mailing Service</p>	<p><b>*Remarks</b> Please specify the target field of study and the university for packing the envelope (Leave blank if not specified.)</p> <p>1. Name of the University Name: _____          Field of Study _____</p>
<p>Student I.D. ....</p> <p>First-Last Name.....</p> <p><input type="radio"/> Number of Recommendation Letter(s).....</p> <p><input type="radio"/> One copy of Unofficial Transcript          (For the Letter of Recommendation process.)</p> <p><input type="radio"/> Number of the Letter sent by the Express Mail Service (Domestic).....</p> <p><input type="radio"/> Number of the Letter sent by the Express Mail Service (International).....</p> <p>Please specify name-address of the receiver</p>	<p>2. Name of the University Name: _____          Field of Study _____</p> <p>3. Name of the University Name: _____          Field of Study _____</p> <p>4. Name of the University Name: _____          Field of Study _____</p>
<p>First-Last Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Phone Number.....</p>	<p style="text-align: center;"><u>Payment</u></p> <p>Payment made</p> <p><input type="radio"/> Number of Recommendation Letter(s).....</p> <p><input type="radio"/> One copy of Unofficial Transcript.....</p> <p><input type="radio"/> Mail Service (Domestic).....</p> <p><input type="radio"/> Mail Service (International).....</p> <p>Total .....Baht</p> <p>Cashier's Signature.....</p> <p style="text-align: right;">...../...../.....</p>

Applicant's Name ..... Appointment Date ...../...../.....

By  Pick up in person at the  IAO  Records Office  City campus  Rangsit campus

Mailing Service

Official's Signature .....  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**For your convenience, kindly contact the office in advance to confirm your pick up at**

**International Affairs Office:** City Campus: Tel. 02-350-3500 ext. 1730-1732 (8.30-17.00 hrs.)

**Record Office:** City Campus: Tel. 02-350-3500 ext.1551-1553    Rangsit Campus: Tel. 02-902-0299 ext.2551-2554



**BANGKOK  
UNIVERSITY**

## Request for Recommendation Letters

### I. Personal Information

Name (Mr./Mrs./Miss) \_\_\_\_\_ Student Status  Former  Present  
 Student ID No. \_\_\_\_\_ School \_\_\_\_\_ Department \_\_\_\_\_  
 Telephone /Mobile. \_\_\_\_\_ Email Address \_\_\_\_\_  
 Recommendation form to work/ study for a  Bachelor Degree  Master's Degree  Doctoral Degree  Others \_\_\_\_\_  
 Field of study \_\_\_\_\_ / Country \_\_\_\_\_

### II. Recommenders' Name (Must be full time instructors/Please contact your recommender(s) before filling in this form)

1. Name \_\_\_\_\_ Number of requested Recommendation Letter(s) \_\_\_\_\_

Relations	Permission Request
<input type="checkbox"/> Instructor Course Name _____ Course Code _____ <input type="checkbox"/> Advisor _____ <input type="checkbox"/> Other (Please specify) _____	You have contacted above recommender(s) via... <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Others (Please specify.) _____ Date _____ Time _____

2. Name \_\_\_\_\_ Number of requested Recommendation Letter(s) \_\_\_\_\_

Relations	Permission Request
<input type="checkbox"/> Instructor Course Name _____ Course Code _____ <input type="checkbox"/> Advisor _____ <input type="checkbox"/> Other (Please specify) _____	You have contacted above recommender(s) via... <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Others (Please specify.) _____ Date _____ Time _____

3. Name \_\_\_\_\_ Number of requested Recommendation Letter(s) \_\_\_\_\_

Relations	Permission Request
<input type="checkbox"/> Instructor Course Name _____ Course Code _____ <input type="checkbox"/> Advisor _____ <input type="checkbox"/> Other (Please specify) _____	You have contacted above recommender(s) via... <input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Others (Please specify.) _____ Date _____ Time _____

### Name of Additional Recommenders [In case that the recommenders are not present (e.g., sabbatical leave or business trip)]

4. \_\_\_\_\_ Relations:  Instructor Course Name \_\_\_\_\_ Course Code \_\_\_\_\_

Advisor \_\_\_\_\_  Others \_\_\_\_\_ Number of requested Recommendation Letter(s) \_\_\_\_\_

5. \_\_\_\_\_ Relations:  Instructor Course Name \_\_\_\_\_ Course Code \_\_\_\_\_

Advisor \_\_\_\_\_  Others \_\_\_\_\_ Number of requested Recommendation Letter(s) \_\_\_\_\_

### III. Name and Full Address of Target Institutions for Making Envelopes

(Leave blank if not specified.)

1. Institution Name: \_\_\_\_\_ Field of Study \_\_\_\_\_

Institution Address: \_\_\_\_\_

2. Institution Name: \_\_\_\_\_ Field of Study \_\_\_\_\_

Institution Address: \_\_\_\_\_

3. Institution Name: \_\_\_\_\_ Field of Study \_\_\_\_\_

Institution Address: \_\_\_\_\_

Total Number of Requested Recommendation Letters \_\_\_\_\_ Pick up Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ Campus

JUS
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Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# A Request for University Recommendation Form

Please complete this form

## Personal Information

First and Last name (Mr./Mrs./Miss) \_\_\_\_\_

Student ID No. \_\_\_\_\_ Student Status:  Former  Present

School \_\_\_\_\_ Department \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

## Activities while studying at Bangkok University (Please specify the activities)

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## Work Experiences (if any)

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Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_