



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 Main Campus or the Records Division in both Campuses

1. Fill out the form (If the form is incomplete, the processes may take more than 7 working days)
2. 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
3. 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
4. Submit the **completed** request form at the International Affairs Office or Records Division together with the receipt from item 2
5. Receive an appointment slip 7-10 working days after the submission date.

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

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

By ☐ Pick up in person at the ○ IAO ○ Records Division ○ City Campus ○ Main Campus
☐ Mailing Service

Official's Signature
/...../.....

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

International Affairs Office: Main Campus: Tel. 02-407-3888 ext. 2730 (8.30-17.00 hrs.)

Records Division: City Campus: Tel. 02-407-3888 ext.1552 Main Campus: Tel. 02-407-3888 ext.2558



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. Name: _____ ☐ Relations: Instructor Course Name _____ Course Code _____

☐ Advisor _____ ☐ Others _____ Number of requested Recommendation Letter(s) _____

5. Name: _____ ☐ 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

Records Officer

Pick-up Date ____ / ____ / ____

☐ City Campus ☐ Main Campus

Applicant's Signature _____

 _____ / _____ / _____



**BANGKOK
UNIVERSITY**

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)

Work Experiences (if any)

Applicant's Signature _____

_____ / _____