

REPRESENTATIVE FORM

I _____ hereby grant permission for
_____ to act as my representative in
confirming my acceptance into the Bachelor of Science in Psychological Science
International Program/the Joint International Psychology Program offered by the
Faculty of Psychology, Chulalongkorn University due to the following reasons:

I have also attached a certified copy of my Thai ID or passport and all other
relevant documents.

**By signing below I confirm that all the reasons stated above are true and
that I am fully aware that the final decision regarding successful confirmation
into the Bachelor of Science in Psychological Science International Program/the
Joint International Psychology Program will be at the discretion of the Program
Committee.**

(Signature of Candidate)

(Signature of Representative)

(Name of Candidate)

(Name of Representative)

Date: ____/____/____

Date: ____/____/____