



# CHULALONGKORN UNIVERSITY ACADEMIC TESTING CENTER Request Form

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

Passport Number .....Nationality.....

Contact Number.....Email Address .....

Test(s) taken

- CU-TEP** Registration No..... Test Date..... Number of copies.....
- CU-TEP&Speaking** 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.....
- Other** 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](mailto: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 .....