

VIETNAM NATIONAL UNIVERSITY - HCMC
INTERNATIONAL UNIVERSITY

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom - Happiness

REQUEST FORM

To: ◇ Board of Directors
◇ Office of Academic Affairs

Student's name: Date of birth:

Student's ID: Class:

Contents:

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Date:

Student's signature

FOR OAA

Date of receipt:

Date of response:

Signature:

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Phone (required):.....

Email (required):.....

CHIEF OF OAA

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Date:

Signature:

Lecturer / The School:

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Date:

Signature: