

10 Days with 2 Tests (have not been vaccinated or have not been fully vaccinated)

Letter of Payment Settlement for <u>Student</u> (effective from 1st October 2021)

* Please complete the form using word processor, except for the signature. *

Personal Information				
Name:		Surname:		
ID/Passport Number:	Gender: □ Male □ Female		Student ID (if any):	
Study Program at Mahidol University: Bachelor Master's Doctoral Others (Please specify):		Non-f specif o Ex o Vi o In	☐ Full-time student ☐ Non-full-time student (Please specify): ○ Exchange student ○ Visiting student ○ Internship trainee ○ Fellowship trainee	
OR				
High school student at: ☐ Mahidol University International Demonstration School (MUIDS) ☐ Mahidol Wittayanusorn School ☐ Pre-College Project at College of Music, Mahidol University ☐ Preparation Center (PC) for Languages and Mathematics at Mahidol University International College				
Duration				
Check – in date:		Check – out d	ate (discharge):	
Payment				
 ☐ Full payment by full-time student/high school student (THB 28,400) ☐ Full payment by non-full-time student (THB 43,400) ☐ Full Payment or Partially subsidized by the Affiliated or Host Faculty (THB) and student (THB),				
Budget Debit Approval				
 The affiliated Faculty/College/Institute must allow Finance Division, Mahidol University, to debit the payment from the affiliated Faculty's budget by indicating budgeting category, to make the payment to CNMI directly. This budget debit approval procedure does not cover the Faculty of Medicine Ramathibodi Hospital, Faculty of Medicine Siriraj Hospital, College of Management, College of Music, and Mahidol University International College. 				
*In case of full payment or partially subsi affiliated faculty Budgeting category: Confirmed by:)	e select the suitable to approved this budged acknowledged the seperson.	et debit. tatus of this quarantined	
Phone number: or th			Dean/Director e Authorized Person of the Host Affiliate	