

Fulltext Request Form

* Indicates a required field

Contact Information

First Name* Last Name*

ID Number* Faculty*

Tel E-Mail

Status

Undergraduate Graduate Post Graduate
 Faculty Member Staff Other.....

Purpose of Using*

Teaching and Learning Research Other.....

Item Information

1. Author*

Title*

Year*

Resource Type

Dissertations Independent Studies Theses Project's Reports Research Paper

Signature

Date/...../.....

For Staff

Name of Staff (ผู้รับเรื่อง).....

Date (วันที่รับเรื่อง)..... Time

Place <input type="checkbox"/> HM <input type="checkbox"/> SV
Channel <input type="checkbox"/> Walking <input type="checkbox"/> Phone <input type="checkbox"/> E-mail

Sources

AU-IR ELIB E-Articles
 Online Databases Other.....

Requested By

.....

(Mrs. Wilai Prusapancha)

Head of Information Service Department