

## Journal Article Request Form

\* Indicates a required field

### Contact Information

First Name\* ..... Last Name\* .....

ID Number\* ..... Faculty\* .....

### **Status**

Undergraduate                       Graduate                       Post Graduate

Faculty Member                       Staff                       Other.....

Tel ..... E-Mail .....

### **Purpose of Using\***

Teaching and Learning     Research                       Other.....

### Item Information

1. Article Author\* .....

Article Title\* .....

Journal Name\* .....

Volume.....Issue.....Date (Month/Year).....Pages.....

2. Article Author\* .....

Article Title\* .....

Journal Name\* .....

Volume.....Issue.....Date (Month/Year).....Pages.....

3. Article Author\* .....

Article Title\* .....

Journal Name\* .....

Volume.....Issue.....Date (Month/Year).....Pages.....

Signature .....

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

### For Staff

Name of Staff (ผู้รับเรื่อง).....

Date (วันที่รับเรื่อง)..... Time .....

Place     HM                       SV

Channel  Walking     Phone     E-mail

Requested By

Approved By

.....

.....

(Mrs. Wilai Prusapancha)

(Mrs. Benjaporn Anunwanitcha)

Head of Information Service Department

Acting Director of AU Library