



CHULABHORN
ROYAL ACADEMY

Chulabhorn Graduate Institute

Group Study Room Request 12th Floor

CGI Learning Center
Date Receipt.....
Time.....
Receiver.....

Date.....

No	Name	Program	Start Time	End Time

Please specify the study rooms

- Recreation Room 1 Recreation Room 2
- Research Room 1 Research Room 2 Research Room 3
- Demonstration and Training Room Common Area

Intended Use of Room :

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Signature.....

(.....)

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

<p>Librarian Approval</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Signature</p> <p>(.....)</p> <p>Date...../...../.....</p>
