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# METHARATH UNIVERSITY

## Information Resource Request Form (IRR)

Full name (Requester)* : ..... Status : <input type="radio"/> Academic Staff <input type="radio"/> Adjunct <input type="radio"/> Non-academic Staff School : ..... Program : ..... For Course* : ..... Semester : .....	<table style="width:100%"> <tr> <td style="text-align:center"><input type="radio"/> Bachelor</td> <td style="text-align:center"><input type="radio"/> Master</td> <td style="text-align:center"><input type="radio"/> Doctoral</td> </tr> <tr> <td style="vertical-align:top">           Materials  <input type="radio"/> Textbook .....Title(s)  <input type="radio"/> Database .....Database(s)         </td> <td style="vertical-align:top"> <input type="radio"/> Journal .....Title(s)  <input type="radio"/> Others .....Title(s)         </td> <td></td> </tr> </table>	<input type="radio"/> Bachelor	<input type="radio"/> Master	<input type="radio"/> Doctoral	Materials <input type="radio"/> Textbook .....Title(s) <input type="radio"/> Database .....Database(s)	<input type="radio"/> Journal .....Title(s) <input type="radio"/> Others .....Title(s)	
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Materials <input type="radio"/> Textbook .....Title(s) <input type="radio"/> Database .....Database(s)	<input type="radio"/> Journal .....Title(s) <input type="radio"/> Others .....Title(s)						

No.	ISBN/ISSN	Author*	Title*/Publication	Edition	Year Published	Copies*	Other Information

Requested by	Approved by Dean	Approved by Provost	DIR-LIS	Note:
..... (.....) Date.....	..... (.....) Date.....	..... (.....) Date.....	..... (.....) Date.....	..... ..... .....

\* Required information    Please line up to separate each title    Completed Form >>> Approved by Dean >>> Provost >>> Send to LIS