

ที่ อว ๐๖๕๔.๐๑/.........

ถึง...........................

ภาคเหตุ .................................................................................................................................
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ภาคความประสงค์ .................................................................................................................
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ภาคสรุป ................................................................................................................................
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 มหาวิทยาลัยเทคโนโลยีราชมงคลล้านนา

 สิงหาคม ๒๕๖๗

สำนักงานอธิการบดี

# โทร. ๐ ๕๓๙๒ ๑๔๔๔

โทรสาร (ถ้ามี).....................

ไปรษณีย์อิเล็กทรอนิกส์ (ถ้มี)............

สำเนาส่ง (ถ้ามี).................................