



Chulabhorn Graduate Institute

R02

Courses Registration Form

Office of Academic
Receipt No.
Date Receipt.....
Time
Receiver

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Student ID

To **The Rector**

Name Mr./Miss/Mrs.

Level of Study Program E-mail

Registration for Semester Academic Year, Consisting of

Code	Course Title	Credit
Total		

Signature
(.....)

Student

Signature.....
(.....)

**Advisor/ Chairperson of the Program
Management Committee**

Tuition and Other Fees

Item	Amount (Baht)
1. Tuition Fee (9,000 x Credits)	
Total	

Signature
(.....)

Registration Officer

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

Signature
(.....)

Financial Officer

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