



**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 ..Summer... Academic Year ...2008..... , Consisting of

Code	Course Title	Credit
<b>Total</b>		

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

**Student**

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

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