



Office of Academic, Chulabhorn Graduate Institute
Request Form for Course Withdrawal

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

Semester..... Academic year

--	--	--	--	--	--	--	--	--	--

Student ID

①

To Chairperson, Program Management Committee

Student Name Mr./Miss/Mrs.....

Program of study..... E-mail

Cumulative grade point average..... Student status..... Normal Probation No.....

have registered in the current semester for.....credits and would like to request withdrawal from

Course Code	Course Title	Reason of request for withdrawal

which makes the total credits registered this semester

Not less than 9 credits

Less than 9 credits I would also like to request permission to register for credits below those stipulated by the university regulations

Signature
...../...../.....

② Advisor's comment

.....

.....

Signature

(.....)

...../...../.....

③ Course Coordinator's comment

Course Code/ Title	Approval	Signature	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

④ Chairperson of the Program Management Committee's comment

.....

.....

Signature

(.....)

...../...../.....