



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

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

Semester..... Academic year .....

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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 addition course(s) as follows;

Course Code/ Title	Credit(s)	③ Course Coordinator's comment		
		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		

Not more than 12 credits

More than 12 credits I would also like to request permission to register for credits exceeding those stipulated by the university regulations

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

② Advisor's comment

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Signature .....

( ..... )

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

④ Chairperson of the Program Management Committee's comment

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Signature .....

( ..... )

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