



Office of Academic, Chulabhorn Graduate Institute

Office of Academic
Date Receipt.....
Time.....
Receiver.....

Request Form for S/U Registration

Semester..... Academic year

①

Student Name Mr./Miss/Mrs.

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Student ID

Level of Study Program E-mail

Have registered for..... credits and would like to request S/U evaluation for the following subjects:

Course Code	Course Title	Reason for Request	③ Course coordinator's comment		
			Approved	Disapproved	Signature

The total credits in this semester will be credits.

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

② Advisor's comment

.....

.....

Signature

(.....)

..... / /

④ Graduate Program Executive committee's comment

.....

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Signature

(.....)

..... / /

⑤ The Office of the Registrar

Request not processed because

Request Processed

Signature

(.....)

..... / /