



Chulabhorn Graduate Institute
Request for Course Addition
Semester..... Academic year.....

Academic Support Division

Date of Receipt.....

Time of Receipt.....

Received by.....

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(1) Student Name: Mr./Ms./Mrs.....

Student ID

Program of Study..... ☐ Master ☐ Doctoral

Cumulative grade point average.....Email.....

has registered in the current semester for.....credits and would like to request addition course(s) as follows;

Course Code/Title	Credit(s)	(2) 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		

which makes the total credits registered this semester

- ☐ Not more than 15 credits
- ☐ More than 15 credits so I would also like to request permission to register for credits exceeding those stipulated by the institute regulations

Signature.....

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

(3) Advisor's comment

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Signature.....

(.....)

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(4) Program Director's comment

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Signature.....

(.....)

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