



Chulabhorn Graduate Institute

Request for Course Withdrawal

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 withdrawal from

Course Code	Course Title	Reason of request for withdrawal

which makes the total credits registered this semester

☐

Not less than 6 credits

☐

Less than 6 credits so I would also like to request permission to register for credits below those stipulated by the institute regulations

Signature.....

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

(2) Advisor's comment

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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) Program Director's comment

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Signature.....

(.....)

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