



## Chulabhorn Graduate Institute

Request for AU Registration

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

Academic Support Division

Date of Receipt.....

Time of Receipt.....

Received by.....

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Student ID

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

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

Email.....

has registered for.....credits and would like to request for AU registration for the following courses

Course Code	Course Title	Reason for Request	(2) Course coordinator's comment		
			Approved	Disapproved	Signature

The total credits in this semester will be ..... credits.

Signature.....

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

### (3) Advisor's comment

.....

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Signature.....

(.....)

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

### (4) Program Director's comment

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Signature.....

(.....)

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

### (5) Institute Registrar's comment

- ☐ Request not processed because.....
- ☐ Request Processed

Signature.....

(.....)

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