Academic Support Division

Date Receipt………………………

Time……………………………

Receiver…………………………..

Chulabhorn Graduate Institute

Request for Course Addition

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

①

Student ID

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
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

☐ Not more than 15 credits

☐ More than 15 credits   I would also like to request permission to register for credits exceeding those stipulated by the institute regulations

Signature ....

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

② **Advisor's comment**

……….……….………

………………………………………………………………………………………………...…………………………………….……

Signature ……………………………………………

(……………...………………………………)

…………. / ………….. / ………..

④ **Program Director's comment**

……….…………

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Signature ……………………………………………

(……………...………………………………)

…………. / ………….. / ………..