



Chulabhorn Graduate Institute  
Request for Course Withdrawal

Academic Support Division

Receipt No.....

Date Receipt.....

Time.....

Receiver.....

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

①

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

To Chairperson, Program Management Committee

Student ID

Student Name Mr./Miss/Mrs.....

Program of study..... E-mail .....

Cumulative grade point average..... Student status..... ☐ Normal ☐ Probation No.....

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 I would also like to request permission to register for credits below those stipulated by the institute regulationsSignature .....  
...../...../.....

② Advisor's comment

.....  
.....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

.....  
.....Signature .....  
( ..... )  
...../...../.....