R 03

Academic Support Division
Date Receipt……
Time……
Receiver……..

Chulabhorn Graduate Institute

Request for AU Registration

Semester……..... Academic year ……

① Student Name Mr./Miss/Mrs. ……

Student ID

Program of Study ..... Program ……E-mail ……..…..……

has registered for..... credits and would like to request forAU registration for the following cour:

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

……

……

Signature ……

(……..……)

……. / ……... / ……..

④ Program Director's comment

……

……

Signature ……

(……..……)

……. / ……... / ……..

⑤ Institute Registrar's comment

☐ Request not processed because ……..……..……

☐ Request Processed Signature ……

(……..……)

……. / ……... / ……..