Graduate school Srinakharinwirot University

Student Add/Drop Enrollment / Credits Request Form

To Dean of Gra	aduate scho	ool					
। (Mr./Mrs./Ms.)Last nai			Last name		ber		
Graduate Cand	lidate in ()	Ph.D. programs	() combined	Masters-Ph.D. prog	grams () Masters	programs	
in				Field			
•							
Semester	Д	cademic Year		would like to requ	uest to		
() Add a cou	rse ()[Orop a course	() Register Mo	ore Credits from	to		
() Change en	rollment fr	om Non Credit	to Credit () Enrollment char	nge from Credit to	Non Credit	
() Register an	Audit (AL))					
() Others							
o. Course	ourse Code Section C		Course l	oy Subjects	Credits	Instructor Signature	
		<u> </u>					
Reason for re	equest:						
			Student	Signature		(Date)	
,		nformed within					
1. Advisor's Decision				4. Graduate School's Decision			
				4.1 Academic Section			
				() Approve and authorize to operate			
				() Others			
Signature				Signature			
()	()	
Date				Date			
0.0	A 1						
2. Program's Administrative Board Decision				4.2 Dean of Grad			
				() Approve			
Signature				C: 1	() Disapprove		
()				=	() Disapprove		
)	(() Disapprove)	
)	(() Disapprove)	
Date	·)	(() Disapprove)	
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Date	·)	(() Disapprove)	