AS-3-08: REQUEST TO TAKE COURSE AT DIFFERENT UNIVERSITY

Academic Services Section

Faculty of Graduate Studies, Mahidol University

I am Mr. / Mrs. / Miss /Rank.
Student I.D Number
studying in Program
Degree Oraduate Diploma Master's degree Higher Graduate Diploma Octorate degree
Field of Study
I would like to take the Graduate Course:-
Semester 2 2 3 academic year
Course codeTitle of CourseCredits
for Credit Audit Course Designation Required Course Elective Course
The reason to study in this course is
The duration of this course is from (date)to (date)
day and time (please specify)
This course is offered by the Department of
FacultyUniversity
Course CoordinatorTelFaxe-mail
The Course Coordinator has already expressed approval of this request to study in this course .
I will follow all regulations of course admission and tuition payment of the University /Institute where the
course is to be studied.
SignatureDate
Comment of the Program Director
SignatureDate
Comment of the Academic Services Section Officer
SignatureDate
The Consideration of the Dean
SignatureDate
<i>Note.</i> Students will receive the result of this consideration 5 working days after submitting this form. Please specify
where you will receive the result : Academic Services Section
Branch office at (please specify)