



Request to Register for More Credits / to Change Study Group No. / to Reduce Study Credits

T. 1

Dear Lecturer / Course coordinator

I, _____, Student code _____
a student of Undergraduate Master's PhD level the Institute of _____,
School of _____ wish to register :

Particular	Decision Made
<input type="checkbox"/> Additional courses <input type="checkbox"/> Change study group No. <input type="checkbox"/> Reduction of courses Code Number _____ Course Title _____ Group No. _____ In the case of changing study group, the old group no. is _____, the new group no. is _____ Specify reason _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ (_____) Instructor / Course coordinator.

Thank you for your kind consideration.

Signature _____ Tel. No. _____ Date _____

Implementation by CES : Completed Not completed because _____
 Officer's Signature _____ Date _____