Request Form for Course Withdrawal

Request No.

Receipt Date:

Bansomdejchaopraya Rajabhat University

Data	•
Date	•

I, Name (Mr./Mrs./Miss):	/Mrs./Miss):, Student ID:		,		
Faculty:	, Progr	, Program:,			
Level of study: [] Bachelor's Degree	[] Master's Degree	[] Doctoral Degree	[]Others:,		
Type of student: [] Full time	e (Daytime) [] Part time (T	wilight)			
Address in case of emergency:	Telephone:,				
would like to withdraw a course of th	nesemester/20which	has already enrolled acco	rding to the evidence of the schedule		
attached hereto as follows:					
Course Title:	Course Code:	Study	Group:		
Lecturer:	Because (reasor	n for withdrawal):			

(For this semester, I have submitted a request for withdrawal of a total of _____courses).

For your kind consideration. And if the statement provided above is incorrect or does not correspond to the facts, I'm willing to accept nullification of this request and agree to comply with all regulations of the University.

		Signature:	Applicant
Request Instruction		Verification	
Advisor		1. Payment Checked by the Division of Fi	nance
Comment:			
The advisor has clarified the advantages and disadvantages	of the course	Signature:	
withdrawal to be understood.		(
Signature:Ad	visor	()
Please specify name clearly		2. Checked by Registration Section	
** In case of late course withdrawal	**		
Advisor		Signature:	
[] Approved for course withdrawal			
[] Disapproved for course withdrawal		()
Signature:Ad	visor	2 Considered by the Director of the Office	o of A codomic Affairs
Head of the Program		3. Considered by the Director of the Offic	e of Academic Affairs
Comment:			
Signature:He	ad of the Program	Signature:	Director of the Office
Dean		()
Comment:			
Signature:De	an		

Note

1. A request of course withdrawal must be filed within the period specified in the academic calendar of each semester.

2. Grade of the withdrawn course must be recorded as W.

Students can check the results via: http://mis.bsru.ac.th in the title "Online Request".