## Request Form for Study in Associate Program of Another University

Request No.	
	AR 8
Receipt Date:	

## Bansomdejchaopraya Rajabhat University

Date:			
I, Name (Mr./Mrs./Miss):	I, Name (Mr./Mrs./Miss):, Student ID:,		
Faculty:	, Program:,		
Level of study: [ ] Bachelor's Degree [ ] Master's Degree	ee [ ] Doctoral Degree	[ ]Others:,	
Type of student: [ ] Full time (Daytime) [ ] Part ti	ime (Twilight)		
Address in case of emergency:	Telephone:	·	
would like to apply for study in associate program of another u			
	at Offiversity:		
in thesemester of Academic Year:	for the following courses:		
1. Course Code:Course Title:		(credits)	
2. Course Code:Course Title:			
3. Course Code:Course Title:			
4. Course Code:Course Title:		(credits)	
university, credits, totally credits.  For your kind consideration. And if the statement provid to accept nullification of this request and agree to comply with	all regulations of the University.	-	
Request Instruction		rification	
1. Contact the Head of the Department to examine/consider and	Considered by the Computer an	nd Information Group	
approve of adjustment of the course code.		-	
Head of the Department	Signature:		
(Please specify name clearly)		)	
Comment:			
Signature:Head of the Department	2. Considered by the Director of the	he Office of Academic Affairs	
2. Submit the request to the Office of Academic Affairs and	Signature:	Director of the Office	
Registration.	(	)	
* This request is valid only upon presentation of the receipt of			
enrollment in another university to the Registration Department.			
** In the case of students attending all courses of associate			
<b>program</b> , they must pay various fees, except for cost of credits at			
Bansomdetchaopraya Rajabhat University. Otherwise, grades			
cannot be recorded in that semester.			

Students can check the results via: <a href="http://mis.bsru.ac.th">http://mis.bsru.ac.th</a> in the title "Online Request".