



The Office of Academic Affairs	
No.	_____
Trimester	____/____

**MAHIDOL UNIVERSITY**

*Since 1888*

**REQUEST FORM**

**For taking Courses**

To : Associate Dean for Educational Affairs

I, Mr./Miss.....

Student's I.D. .... Major.....

Status of student  Normal  Probation  Other ..... Cum-GPA .....

Total credits earned..... Mobile number ..... E-mail .....

Reason for requesting to take course(s).....

.....

I would like to request for your approval to take courses as free elective courses:

1. ....
2. ....
3. ....
4. ....
5. ....

I hereby fully acknowledge that this approval is not a guarantee that I will be accepted to (new major) ..... and I will accept this request does not guarantee course registration if seats are full.

<p style="text-align: center;">Student's signature</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">...../...../.....</p>	<p style="text-align: center;">Advisor's comments</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">...../...../.....</p>
<p style="text-align: center;">Division Chair's comments (new major)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">...../...../.....</p>	<p style="text-align: center;">Associate Dean for Educational Affairs' comments</p> <p><input type="checkbox"/> Approve.....</p> <p><input type="checkbox"/> Disapprove.....</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">...../...../.....</p>