



SHINAWATRA UNIVERSITY

Registration Form

Form: RE002
Revision: 04
Date: 02/11/2005

Ref:...../.....

Semester: ____/____

Name: (Mr. / Mrs. / Ms.) _____ ID: -

(IN BLOCK LETTERS)

Program: Undergraduate (Please specify) _____
 Graduate (Please specify) _____
 Other (Please specify) _____

No.	Course Code	Course Name	Credit	Section	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total credit(s)

I, hereby, will accept all responsibilities and consequences borne by my disagreement to the advise of my advisor.

Signature: _____
Date: _____

1 For Advisor's Approval

(_____)
_____/_____/_____

2 For Office Use Only

Proceeded date: _____

(_____)
_____/_____/_____

- Instructions:**
- Complete the form (with pen only)
 - Take the approval from Advisor
 - Submit to the Division of Registration and Education Services
 - The requisition will be completed after the submission by 24 hours