



Shinawatra University Computer Science Program

Pre-registration Form

Date _____

Name of student: _____ ID No: _____

Program: _____

Semester/year: 1st semester 2nd semester Summer semester Academic year _____

Admitted Semester/Year: _____

No.	Course Code	Course Name	Credit	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
Total Credits				

Signature: _____

Date: _____

Instruction:

1. Consult with your academic advisor and BSCS curriculum before completing the form.
2. Complete the form and submit it to SOIT Secretary before the end of the semester.

Notice: It is not guaranteed that all requested courses will be offered due to some constraints. However, the school will consider the request case by case, especially for graduating students.