Rattanakosin International College of Creative Entrepreneurship
Rajamangala University of Technology Rattanakosin

Course Add/Drop Form

Date.....

Name (Mr./Mrs./Miss) .....**Student ID**.....

Course..... **Major**..... **Year**.....

College..... **Phone Number**.....

Wish to request ☐ (Course Add in semester) ..... (Academic Year)..... As follows:

☐ (Course Drop in semester)..... (Academic Year)..... As follows:

No.	Course code	Course Title	Credit(s)			Section	Time	Lecturer's Signature
			Theory	Practice	Total			
1								
2								
3								
4								
5								

Signature.....
(.....)
Advisor

Signature.....
(.....)
Program Chair

Signature.....
(.....)
Student

(For The Registration Officer)

☐ Implemented

Signature.....
(.....)
The Registration Officer
...../...../.....

(For financial Department)

Receipt No. .....

Total ..... Baht

Signature.....
(.....)
Financial Officer
...../...../.....