Rattanakosin International College of Creative Entrepreneurship
Rajamangala University of Technology Rattanakosin

Request Form for Register More/Less Credits than those Stipulated

Date.....

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

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

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

Apply for (Please specify the course and reason.) .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Signature.....

(.....)

Student

1. Advisor's comment .... Signature..... (.....) ...../...../.....	2. Program Chair's Comment ☐ (Approval) ☐ (Not Approval) Signature..... (.....) ...../...../.....
3. Associate Director for Academics, Research and Academic Services ☐ (Approval) ☐ (Not Approval) Signature..... (.....) ...../...../.....	4. Director of Rattanakosin International College of Entrepreneurship ☐ (Approval) ☐ (Not Approval) Signature..... (.....) ...../...../.....