

Date..... MonthYear.....

Dear Director of Academic Support Center and Registration Bureau

I (Mr./Mrs./Ms.)

Student ID..... DepartmentFaculty.....

Program Regular Non-Regular Academic year.....**would like to**

Case 1 request for extend a limit of student status in semester.....academic year..... for time 1 2 3 (attach a copy of former request)

Case 2 request to repeat the course which receive a level of score lower than A (In case of extend limit of status)

Case 3 request to repeat the course which receive a level of score F (In case of completing the course but receive F, GPA between 1.75-1.99)

Case 4 request to repeat the course which receive a level of score D D+ (In case of enrollment for 30-59 credits, GPA between 1.50-1.74)

Case 5 request to repeat the course which receive a level of score D D+ (In case of enrollment for 60 credits upwards GPA between 1.75-1.89)

Case 6 request to repeat the course which receive a level of score F (In category.....)

Case 7 request to repeat the course according to the Professional Practice License (COE)

Order	Former Course					Replacement Course				Lecturer Signature
	Department / Year	Course Code	Course Name	Category	Grade	Course Code	Course Name	Category	Section	

Remark

1. The requested course must be in the same category as the former subject.
2. A Completed enrollment with cumulative grade 1.90 - 1.99 which is not enough to be nominated for a degree, student must adjust the cumulative grade to reach 2.00 within 3 semester including the summer semester and not more than twice the study plan.

Please be informed accordingly

Sincerely yours,

Signature.....

Mobile phone/Tel.....

① Advisor / Head of Department	④ Director of Academic Support Center and Registration Bureau
<p>.....</p> <p>Signature Advisor (.....) / /</p> <p>.....</p> <p>Signature Head of Department (.....) / /</p>	<p><input type="checkbox"/> Approve to proceed extend a limit of status / course repetition</p> <p><input type="checkbox"/> Disapprove</p> <p>Signature (.....) / /</p>
② Curriculum Committee	⑤ Academic Support Center and Registration Bureau Staff
<p>Signature (.....) / /</p> <p>Signature (.....) / /</p> <p>Signature (.....) / /</p>	<p><input type="checkbox"/> Documents are complete and accurate Signature / / Registration Office</p> <p><input type="checkbox"/> Course in the same category Signature / / Curriculum Office</p> <p><input type="checkbox"/> Verify registration result Signature / / Registration Office</p> <p><input type="checkbox"/> Proceed for replacing the course Signature / / Processing Office</p>
③ Dean	
<p><input type="checkbox"/> Approve to proceed extend a limit of status / course repetition</p> <p><input type="checkbox"/> Disapprove</p> <p>Signature (.....) / /</p>	

