

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 register a continually courses parallel with the perquisite courses with the following courses;

Order	Consecutive Courses for registration				Prerequisite Courses for registration			
	Course Code	Course Name	Section	Lecturer	Course Code	Course Name	Section	Lecturer

Remark A registration for a course with perquisite courses must have an approval from the Dean before enrollment and must be final year student of the program who will be graduate this year. Student must pass the perquisite course, if you don't pass the exam or refrain from the study it will be considered that the registration of consecutive course is invalid.

Please be informed accordingly

Sincerely yours,

Signature.....

Mobile phone/Tel.....

① Advisor / Head of Department	③ Academic Support Center and Registration Bureau Staff
<input type="checkbox"/> Final year student who will be graduate in an academic year Signature Advisor <input type="checkbox"/> Please consider for student to register parallel with perquisite courses. Signature Head of Department	<input type="checkbox"/> Verify student status <input type="checkbox"/> Consecutive courses <input type="checkbox"/> Register for student <input type="checkbox"/> Failed to pass the perquisite, must cancel a registration for consecutive courses amount.....courses Signature.....
② Dean	④ Deputy Director / Director
<input type="checkbox"/> Approve to register <input type="checkbox"/> Disapprove Signature (.....) / /	<input type="checkbox"/> Approve to proceed with enrollment in parallel <input type="checkbox"/> Disapprove Signature Deputy Director (.....) / / <input type="checkbox"/> Approve to proceed with enrollment in parallel <input type="checkbox"/> Disapprove Signature Director (.....) / /

