

School of .....  
**Mae Fah Luang University**  
 No.....  
 Date.....  
 Time.....Recorded by.....



**The Registrar Division**  
**Mae Fah Luang University**  
 No.....  
 Date.....  
 Time.....Recorded by.....

**REGISTRAR DIVISION, MAE FAH LUANG UNIVERSITY**

**Request Form for S/U or V/W Registration**

Semester  First  Second  Summer Academic year.....  
 Student Level  Undergraduate  Graduate

**(1) To Head of the Registrar Division**

Name Mr/ Miss/ Mrs..... Student ID

Study in School of.....Program of.....GPAX..... Mobile phone.....

Have registered for.....credits and would like to request S/U or V/W evaluation for the following

Course code	Course title	Evaluation type		Reason for	(2) Instructor's / Coordinator's Comment		
		S/U	V/W		Approved	Disapproved	Signature

So that the total credits this semester will be.....credits. After 3 working day of the submission of this request, I will check the result at Registrar Division or via <http://reg.mfu.ac.th>

Student's Signature .....  
 (.....)  
 ...../...../.....

<p><b>(3) Advisor's Comment</b></p> <p>.....                  .....                  Signature .....                  (.....)                  ...../...../.....</p>	<p><b>(4) Dear's comment</b></p> <p>.....                  .....                  Signature .....                  (.....)                  ...../...../.....</p>
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**(5) Recorded by Registrar Division's staff**

recorded

Signature .....  
 (.....)  
 ...../...../.....