

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



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

DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY
Request Form for a Permission to Change a Course Section

Semester First Second Summer Academic year.....

(1) To Head of the Division of Registrar

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

Study in/graduated from School of.....Program of.....Mobile phone.....

would like to change section

Course Code	Course Title	Current Section	Intended Section	(2) Coordinator's Signature
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

as the concurrent schedule with Course code Course title.....

Section.....

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

<p>(3) Advisor's Comment</p> <p>..... </p> <p>Signature (.....) /...../.....</p>	<p>(4) Recorded by Division of Registrar's staff</p> <p><input type="checkbox"/> Recorded</p> <p>Signature (.....) /...../.....</p>
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